

8903

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2386

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8701 Halls Ferry Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 8 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8701 Halls Ferry Road  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Walla S. Keller  
3. (b) If veteran, name war NO  
3. (c) Social Security No. MO

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 9th  
year 1940 hour 7 minute 50 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Feb. 14, 1885  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/3/1938  
Mar-9--, 1940, to March 9, 1940;  
that I last saw her alive on March 9, 1940;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
55 0 25 25 hr. min.

Immediate cause of death Cerebral Hemorrhage  
Duration 24 Hrs  
Due to Hypertension 2 Yrs.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_  
12. Name Edmond Bersch  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name CAROLINE HUMMAGE  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Walla S. Keller  
(b) Address 8701 Halls Ferry Road

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peters Cemetery

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Mr. H. Schumacher  
(b) Address 4834 Natural Bridge  
19. (a) MAR 11 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Budich (M. D. or other) \_\_\_\_\_  
Address 8321 N. Broadway Date signed 3/11/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOY 5-17-39 I 419311

10-12  
8321 N. Broadway

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Howard F. Rowland  
Licensed Embalmer No. 3114  
P. O. Address Thomas Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**