

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days** (Specify whether
In this community **60 years**
years, months or days)

3. (a) PRINT FULL NAME **Bertha Drissel**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **White**

6. (b) Name of husband or wife **Michael** 6. (a) Single, widowed, married, divorced **WIDOW**

7. Birth date of deceased **April 8, 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 11 hr. min.

9. Birthplace **High Hill, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **John Habenicht**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine Mombert**
15. Birthplace **France**
(City, town or county) (State or foreign country)

16. (a) Informant **Navy Mark**
(b) Address **4309 So. 37th Street**

17. (a) **burial** (b) Date thereof **3/20/40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**
(b) Address **4016 Chippewa St.**

19. (a) **MAR 19 1940** (b) _____
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **4309 So. 37th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**
year **1940** hour **12** minute **30** a.m.

21. I hereby certify that I attended the deceased from **2/11** 19**40**, to **3/18** 19**40**
that I last saw her alive on **3/18** 19**40**
and that death occurred on the date and hour stated above.

Immediate Cause of death **Lobar pneumonia**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **Senility**

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____

23. Signature **Joseph L. Davis** (M. D. or other) _____
Address **4209 Virginia** Date signed **3/19**

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

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

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 Ernest W. Spillars
Licensed Embalmer No. 4080
P. O. Address B 747 Dunnic

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.