DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23241

Registration District No. 7911 — Primary Registration District No. 1003 — Registrar's No. 5689

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 87 days (Specify whether In this community 87 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Poplar Bluff - "Rural" N.R. (If outside city or town limits, write "RURAL")

(d) Street No. General Delivery (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bertha Ann Whitmer 356

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Earnest

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years ABOUT 26 | Months | Days | If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Arthur Jaco
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora Purdom
15. Birthplace Poplar Bluff (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Earnest Whitmer

(b) Address Poplar Bluff, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 4, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUL 4 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1940 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from 4 - 8 - 1940, to 7 - 3 - 1940; that I last saw her alive on 7 - 3 - 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemolytic Staphylococcus Aureus Septicemia ō Pulmonary abscesses, subq abscesses - overwhelming toxicity	1 week
Due to Subcutaneous abscesses for which pt. refused complete surgical intervention.	
Due to	
Other conditions Cushings Syndrome (Include pregnancy within 3 months of death)	

Major findings: Of operations I & D of subcutaneous abscesses on 3 occasions.

Of autopsy

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

1148

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. R. Bierman, M.D. (M. D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.