

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:  
Luthern Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 47 years  
years, months or days

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. 4339 Ellenwood  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha Fisher 260

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-01-0651

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife William (c) Age of husband or wife if alive unknown years

7. Birth date of deceased April 21 1893  
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk

11. Industry or business Scruggs-Vandervoort

12. Name Louis Hermannes

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Haas

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Edu a Scherrer

(b) Address 4339 Ellenwood

17. (a) Burial (b) Date thereof July 20, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wesley Deane U.S. Co.

(b) Address 2331 So. Broadway

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1940 hour 11 minute 05 a. M.

21. I hereby certify that I attended the deceased from July 7/39 1940 to July 18 1940, that I last saw her alive on July 18 1940, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of Liver and Primary site liver

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations 46

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) (e) Means of injury 1

23. Signature W. L. Deane (M. D. or other)

Address 3109 So. Grand Date signed 7/18/40

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.**