S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29492

FILED SEP 25 1940

Registration District No. 75 Primary Registration District No. 3036 Registrar's No. 134

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

243

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: 616 S. Main Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community 45

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles (If outside city or town limits write "RURAL")

(d) Street No. 616 S. Main St. (If rural, give location)

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

3. (a) PRINT FULL NAME Bertha Cline

3. (b) If veteran, name war No

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 Jacob Preston Cline

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 23 - 1883 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
56	7	28	hr. min.

9. Birthplace Black Walnut Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Unknown - Jameson

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Charles Cline

(b) Address 616 S. Main, St. Charles, Mo.

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

(c) Place: burial or cremation Oak Grove Cem. St. Charles, Mo.

18. (a) Signature of funeral director W. C. Ballmeyer & Son

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 8/3/40 (Date received local registrar) (b) Clarence A. Kessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1940 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 14, 1940, to August 1st, 1940; that I last saw her alive on August 1st, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolus	24 hrs.
Due to Cardiac Decompensation	5 mon.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

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

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 O. W. Towers (M. D. or other) M.D.

Address 121 N. Main St. Chas. Mo. Date signed 8-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.