

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29650

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1595

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8913 Flavia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 28 years
years, months or days)

8. (a) PRINT FULL NAME Bertha Abigail Wise

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife George F. Wise 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased December 18 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 3 hr. _____ min.

9. Birthplace Darke County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Isaac N. Loy

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

14. Maiden name Stuck

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

16. (a) Informant Geo F. Wise
(b) Address 8913 Flavia

17. (a) Removal for Burial (b) Date thereof Aug 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Ohio

18. (a) Signature of funeral director Benderman Funeral Home
(b) Address 1936 St. Louis ave.

19. (a) AUG 22 1940 (b) M. D. Neyr, M.D. 1595
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 8913 Flavia
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1940 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 30 - 1938 to Aug-21 - 1940
that I last saw her alive on Aug-20 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Arterio-sclerosis
and
Diabetes Mellitus
Duration 5 hrs
3 years

Other conditions (Include pregnancy within 3 months of death) ✓

Major findings: Of operations ✓ 59
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 ✓

23. Signature O.O. Smith (M. D. or other)
Address 536 N. Taylor Date signed 8/21/40

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

MOTHER FATHER

MAY 17 1947

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 _____

Licensed Embalmer No. 3737

P. O. Address 1936 N. Four

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.