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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37109

Registration District No. 1797 (1941)

Primary Registration District No. 1003

Registrar's No. 9382

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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town Richmond Heights NR
(If outside city or town limits, write "RURAL")

(d) Street No. #84 Lake Forest
(If rural, give location)

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

3. (a) PRINT FULL NAME Bertha VonDerAu

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 22nd (Day) 1856 (Year)

8. AGE: Years 84 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation At Home h

11. Industry or business

MOTHER FATHER

12. Name Henry VonDerAu h

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

14. Maiden name Maria Friederich

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

16. (a) Informant R. A. Kaltwasser

(b) Address 84 Lake Forest

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address 6633 Clayton Road

19. (a) NOV 15 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1940 hour 12.28 minute P M.

21. I hereby certify that I attended the deceased from Nov 8th, 1940 to November 13th, 1940 that I last saw her alive on Nov 13th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Strangulated Ventral Hernia	1 week
Due to:	
Due to:	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations: Large Strangulated Ventral Hernia	
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 Arnold G. Kleen (M. D. or other) MD

Address 2632 S. Kingshighway Date signed 11/14/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.