

4-13-40
5-17-39
I X23159

Registration District No. **791**

Primary Registration District No. **1003**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Bertha Latner

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. 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 Sept 10 1924
(Month) (Day) (Year)

8. AGE: Years 16 Months 2 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation High School

11. Industry or business Student

12. Name Henry Latner

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

14. Maiden name Norma Sullivan

15. Birthplace No. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Norma Latner

(b) Address 4134 Gravois

17. (a) Removal (b) Date thereof 11/25/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brinkley Ark.

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur #125 Lafayette

19. (a) NOV 25 1940 (b) J. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 4134 Gravois
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1940 hour 5:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 23, 1940 to November 24, 1940 that I last saw her alive on November 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hematemesis
Esophageal Varices
Portal Cirrhosis

Due to Syphilis

Due to _____

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

Major findings: Of operations _____

Of autopsy as above

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Michael M. Karl (M. D. or other) _____
Address 1515 Lafayette Ave. Date signed 11/25/40

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

MOTHER FATHER

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.....

Jost B. Vollmer

Licensed Embalmer No..... 4014

P. O. Address..... 3125 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, fact should be so stated above.