

Registration District No. **791** Primary Registration District No. **1003**

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

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: 4221 Castleman Ave  
(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 2

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County \_\_\_\_\_  
(c) City or town St. Louis 17  
(If outside city or town limits write "RURAL")  
(d) Street No. 4221 Castleman Ave  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha M. Hankemeyer

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 28<sup>th</sup>  
year 1940 hour 9:30 minute A. M.

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

21. I hereby certify that I attended the deceased from 6-15-40  
1940, to 12-28, 1940;  
that I last saw her alive on 12-28, 1940;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late Wm. T. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Och. 19<sup>th</sup> 18<sup>96</sup>  
(Month) (Day) (Year)

Immediate cause of death Endo cardiac probably acute caused by Toxic Thyroid  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
64 2 9 hr. min.

Other conditions Toxic Thyroid  
(Include pregnancy within 3 months of death)

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 66  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name F. W. Northdurft 6

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

14. Maiden name Unknown Kiehl

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

16. (a) Informant Miss Lillian Hankemeyer  
(b) Address 4221 Castleman Ave

17. (a) Cremation (b) Date thereof 12-30-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla, Crematory

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? \_\_\_\_\_

18. (a) Signature of funeral director Wiegand Mortuary  
(b) Address 4228 S. Kingshighway Blvd.

23. Signature P. B. Cappel (M. D. or other) 12/28/40  
Address 3239 Laclede Ave Date signed 12-30-40

19. (a) DEC 30 1940 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

Mr. B. Hoppel 10-15

**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 *Elwin H. Mc Dermott*

Licensed Embalmer No. *3024*

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.**