

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18453
Do not use this space.

1. PLACE OF DEATH
 (a) County Monticau Registration District No. 571
 (b) Township Haller Primary Registration District No. 4333
 (c) City California Mo (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. 9 How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Minnie Bertha Bertram
 (a) Residence, No. 0 St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Henry Bertram
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1875
 7. AGE YEARS 65 MONTHS 11 DAYS 17 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 FATHER 13. NAME Otto Montz Ludwig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Bertha Raibg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Henry Bertram
 (ADDRESS) California Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cem DATE 5/28 19
 19. FUNERAL DIRECTOR (NAME) William F. Freedman
 (ADDRESS) California Mo
 20. FILED 5-29 1941 N.R. Pobjay
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1941
 22. I HEREBY CERTIFY, That I attended deceased from May 16 1941 to May 26 1941
 I last saw her alive on May 26 1941 Death is said to have occurred on the date stated above, at 430a.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Colon, sigmoid region, causing Intestinal obstruction.
 Date of onset About Oct 1940
 Other contributory causes of importance:
 Name of operation Laparotomy Date of May 24 41
 What test confirmed diagnosis? Opportunity Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify D. L. Latham, M. D.
 (Signed) D. L. Latham (Address) California Mo
564

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *H E Friedmeyer*

Licensed Embalmer No. *2854*

P. O. Address *California m*

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.