

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 20167

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4979

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3646 Bellerive  
(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 Gottfried  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henry  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Feb. 26 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 19 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER  
12. Name Ferdinand Meier  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Wilhelmina Renn  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Meier  
(b) Address 3646 Bellerive

17. (a) Burial (b) Date thereof 6-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John P. ...  
(b) Address 3013 Meramec St.

19. (a) JUN 17 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3646 Bellerive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1941 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 30  
1941 to June 15 1941  
that I last saw her alive on June 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of  
liver with acute fatty  
obstruction Duration 2

Due to 174  
Due to

Other conditions Cardio-Vascular disease  
(Include pregnancy within 3 months of death)  
with Arricular fibrillation

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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 Wm. F. Simon (Physician)  
Address 1115 Victoria Date signed 6.16.41  
Del. No. 0078

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

**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.....

*George J. DeCaruland*  
working under my personal supervision.

....., Registered Apprentice No.....

Signed *George J. DeCaruland*  
.....

Licensed Embalmer No. *2906*

P. O. Address *3013 Muenster*

**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.**