

175  
S. No. 2  
-1-4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **20212**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5024**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **5 Days**  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **SOO**  
(c) City or town **St. Louis** **1917**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4259 Maryland**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

**Bertha Schranz**

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 **widowed**

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

7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years **about 57** Months Days If less than one day  
hr. min.

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

10. Usual occupation **Rooming house**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **Unknown** **9** **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9** **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Frischmann**

(b) Address **5424 Plover**

17. (a) **burial** (b) Date thereof **6/20/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **John Ziegenhain**

(b) Address **7027 Gravois**

19. (a) **JUN 19 1941** (b) **J. H. Bruden**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **13**,  
year **1941** hour **8:00** minute..... P. M.

21. I hereby certify that I attended the deceased from **June 9**,  
19 **41** to **June 13**, 19 **41**;

that I last saw her alive on **June 13**, 19 **41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Carcinoma of breast (right) & general metastases**

Due to **metastases**

Due to **50**

Other conditions **none**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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? **Should**  
(Specify type of place) (e) Means of injury.....

23. Signature **Should** M. D. or other.....

Address **1515 Lafayette Avenue**, Date signed **6/14/41**

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

MOTHER FATHER

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**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.....

*C. P. Kildwell*

Licensed Embalmer No. ....

*3877*

P. O. Address.....

*7027 Travis*

**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.**