

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

2
41
39
26390

FILED AUG 28 1941 91

Registration District No.

Primary Registration District No.

Registrar's No. 5605

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: Wheeler Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Louis

(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")

(d) Street No. 9120
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME BERTHA L. DWYER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Name of husband or wife Henn

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Mar. 8 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>3</u>	<u>27</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henny Friedloff

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

14. Maiden name Stacie Hitzinger

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

16. (a) Informant Henny Friedloff

(b) Address Creve Coeur Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 7-8-41
(Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Ev. Cem.

18. (a) Signature of funeral director W. H. Woodson

(b) Address 2504 Woodson Rd - Overland Mo.

19. (a) JUL 7 1941
(Date received local registrar)

J. H. Zedek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from 6-27-41
to 7-5-41
that I last saw her alive on July 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Stens paralyticus Duration 6 days

Due to allowing operators for vital services Indefinite

Due to —

Other conditions (Include pneumonia within 3 months of death)

Major findings: Central Stens

Of operations —

Of autopsy Stens, Paralyticus

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 John D. Henn (M. D. or other)

Address Metropolitan Hotel date signed 7-7-41

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson Rd
Overland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.