

FILED SEP 17 1941

Registration District No. 791

Primary Registration District No. 1003

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

1. **FILED SEP 17 1941**  
 (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:  
Barnes Hospital  
(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 Klein  
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dec. 14 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	8	9	hr. min.

9. Birthplace New Design / Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Peter Briegel

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

14. Maiden name Elizabeth Schriber

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

16. (a) Informant Elas Klein

(b) Address Valmeyer, Ill.

17. (a) Removal (b) Date thereof 8/24/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maystown, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 23 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Illinois (b) County Monroe 699  
 (c) City or town Valmeyer 11  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 11  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23rd  
 year 1941 hour 4 minute 30 AM.

21. I hereby certify that I attended the deceased from.....  
 ....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis, hypertrophy Duration  
Right cor. atheros. fracture of  
Right humerus, fracture  
Right tibia femur. Suffered  
fall to floor in her  
room at Valmeyer, Ill  
while getting out of bed on  
Aug 20, 1941 2:30 am

Other conditions None  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

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) Accident  
 (b) Date of occurrence Aug 20-1940  
 (c) Where did injury occur? Valmeyer, Ill  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)  
 While at work?..... (e) Means of injury.....  
 23. Signature Alfred Perry (M. D. or other) P  
 Address La Grange, Ill. Date signed 8/23/41

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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.....

*J Wm Binkley*

Licensed Embalmer No.....

*3653*

P. O. Address.....

*St Louis Mo*

**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.**