

No. 2
-4-41
17-39
X28390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

30347

Registration District No. 7914

Primary Registration District No. 1003

Registrar's No. 7686

1. PLACE OF DEATH:

(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:
3631 Gasconade
(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) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3631 Gasconade
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1941 hour 3 minute 20 A. M.
21. I hereby certify that I attended the deceased from December 11, 1940
1940, to Sept 23, 1941;
that I last saw her alive on Sept 23, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Apoplexy
Due to Myocardial Heart Disease 3 years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Bertha Blust
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 _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. 15 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 8
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

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

14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Blust
(b) Address 3631 Gasconade

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26-41
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec St.

19. (a) SEP 24 1941 (Date received local registrar) (b) J. J. Bredich (Registrar's signature)

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

000
17
9

000
17
9

MOTHER FATHER

[Handwritten signature]
[Handwritten initials]

4150
01-6

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.....

Clarence Rochow

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

working under my personal supervision.

Signed

Clarence Rochow

Licensed Embalmer No.....

3093

P. O. Address.....

3013 Meramec

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.