

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20068

State File No. 5758
Registrar's No.

FILED JUL 20 1942 791
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. ANTHONY HOSPITAL D
(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 REIF TRENDLE
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex FEMALE 5. Color or face WHITE 6. (a) Single, widowed, married, divorced MARRIED
7. Birth date of deceased JULY 6 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 28 hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

12. Name WILLIAM HERTEL

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

14. Maiden name CLARA FISHER

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

16. (a) Informant FRED TRENDLE

(b) Address 2919 OSAGE ST.

17. (a) BURIAL (b) Date thereof JULY 7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST MARCUS

18. (a) Signature of funeral director J. J. Thompson & Son

(b) Address 2906 Grand Ave

19. (a) JUL 6 1942 (b) J. J. Thompson
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 006
(a) State MISSOURI (b) County 24 17
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9
(d) Street No. 2919 OSAGE ST (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 4
year 1942 hour 200 minute P. M.
21. I hereby certify that I attended the deceased from May 11 1940 to July 4 1942
that I last saw her alive on July 4 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of uterus
Due to Primary site: uterus 2 yrs
and Intestines
Duration
Other conditions: Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of uterus
Of autopsy: and Intestines
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 8
23. Signature: A. L. Hittel (M. D. or other)
Address Flack Curvins Date signed 7/11/42

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

David Lee Fossow

Licensed Embalmer No. *4242*

P. O. Address *2906 Harrison*

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.