

96
8
3

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7128 Glades /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME Bertha Gretzschel

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F # 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wm. Gretzschel 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Aug. 28, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 20 hr. _____ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence Jost
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Estelle Yaeger

(b) Address 7128 Glades

17. (a) Burial (b) Date thereof 6-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JUN 19 1942 (b) (S. Mo) Laron
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L. 96
(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL") 5
(d) Street No. 7128 Glades
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1942 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from June 12, 1942 to June 18, 1942
that I last saw her alive on June 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Duration 6/12/42

Due to Arteriosclerosis

Due to Senility

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

Major findings:
Of operations _____

Of autopsy _____

g. Jost

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 0

23. Signature Arthur W. Westrup (M. D. or other) 0
Address 204 E. Big Bend hq. Date signed 6-19-42

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.....

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

working under my personal supervision.

Signed.....

J.P. Burgess

Licensed Embalmer No.

4029

P. O. Address

Maplewood

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.