

FILED OCT 1 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 31719  
8518  
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:  
(a) County  
(b) City or town. ST. LOUIS  
(c) Name of hospital or institution. MISSOURI BAPTIST  
(d) Length of stay: In hospital or institution.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State. ILLINOIS (b) County. MADISON  
(c) City or town. COLLINSVILLE  
(d) Street No. 719 HENRY ST  
(e) Citizen of foreign country? NO  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Bertha Beall  
(b) If veteran, name war NONE  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCT day 11 year 1942 hour 1:55 minute A.M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
(b) Name of husband or wife  
(c) Age of husband or wife if alive years  
7. Birth date of deceased MAY 23 1868

21. I hereby certify that I attended the deceased from June 1942 to death 1942 that I last saw her alive on OCT 10 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 4 Days 18  
If less than one day hr. min.

Immediate cause of death. Generalized Carcinomatosis (Cauliflower type of growth) Due to Carcinoma of the lining in old abdominal incision  
Duration Weeks Months

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

Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations 55  
Of autopsy

10. Usual occupation AT HOME

11. Industry or business

12. Name SWEN SAMPSON

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

14. Maiden name NOT KNOWN

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

16. (a) Informant Chas Runkle

(b) Address EAST ST LOUIS 11

17. (a) BURIAL (b) Date thereof OCT 13 1942 (c) Place: burial or cremation EAST ST LOUIS 11

18. (a) Signature of funeral director Chas Runkle

(b) Address EAST ST. LOUIS 11

19. (a) OCT 14 1942 (b) J. F. Bredbeck (Date received local registrar) (Registrar's signature)

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 Paul R. Whitener (M. D. or other) O.M.D.

Address 8923 Midland Date signed 10-11-1942

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

MOTHER FATHER

8518

8518

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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.....

*Chas M. Burke*

Licensed Embalmer No. *2421*

P. O. Address.....

*East St Louis, Ill*

**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.**