

FILED NOV 23 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9551

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:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 Days. (Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2822 A Nebraska Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME HERMAN WILLIAM BERTRAM

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

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

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

7. Birth date of deceased..... July 31 1930
(Month) (Day) (Year)

8. AGE: -Years Months Days If less than one day
12 3 16 hr. min.

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

10. Usual occupation..... School Boy

11. Industry or business.....

12. Name..... Herman Bertram

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

14. Maiden name..... Bertha Schmitt
St. Louis
(City, town, or county) (State or foreign country)

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

16. (a) Informant..... Herman Bertram

(b) Address..... 2822 A Nebraska Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... Nov 17th
(Month) (Day) (Year)

(c) Place: burial or cremation..... Old S.S. Peter & Paul

18. (a) Signature of funeral director..... Theroditis & Son

(b) Address..... 2906 Gravoys Ave.

19. (a) NOV 16 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16 year 1942 hour 1 45 A.M. P.M.

21. I hereby certify that I attended the deceased from Nov. 5 1942, to Nov 14 1942, that I last saw h. t. m. alive on NOV 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death..... Septicemia

Due to..... Suberal sinus thrombosis 2 days

Due to..... Ac Mastoiditis 4 days

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

Major findings: Of operations..... Ac Haemorrhagic Type Mastoiditis
Of autopsy..... Intracerebral clot lat sinus

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.....

23. Signature..... Armand S. ... M. D. or other M.D.

Address..... 3115 S. Grand Date signed 11/16/42

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 Van Fossan

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.