

FILED DEC 1 1942  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9796

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
City Sanitarium 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
73 years (Specify whether  
In this community year, months or days)

3. (a) PRINT FULL NAME BERTHA BLEECK

3. (b) If veteran, name war..... -

3. (c) Social Security No.....

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased April 2, 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 19 If less than one day  
hr. min.

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

10. Usual occupation Practical Nurse

11. Industry or business.....

12. Name William Bleeck

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

14. Maiden name Augusta Hammerstein

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

16. (a) Informant L. Deggen dorf

(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 11/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellef. Cem.

18. (a) Signature of funeral director H. Weidmuller

(b) Address 6203 Travis

19. (a) NOV 24 1942 (b) J. J. Brodick  
(Date received local registrar) (Registrar's signature)

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. 3925 Connecticut  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21  
year 1942 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from 11-9-42, 19... to 11-21-42, 19...  
that I last saw her alive on 11-21-42, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis 11-9-42x  
Senility 11-9-42x

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: 121

Of operations.....

Of autopsy No

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) (c) Means of injury.....

23. Signature Anthony K Busch (M. D. or other).....  
Address 5300 Arsenal Date signed 11/23/42

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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.....

Licensed Embalmer No. 2971

P. O. Address.....

**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.**