

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

702203 37969/

State File No. \_\_\_\_\_

FILED DEC 10 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 115

Registrar's No. 2487

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: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1539 Valle Ave  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1942 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from Nov 20 1942 to Nov 26 1942  
that I last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Hypostatic pneumonia Duration 2 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Chronic Gall Bladder disease  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \* none or above

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 R. J. Zollmann (M. D. or other) \_\_\_\_\_  
Address 5320 Big Bend, Wellston Date signed 11/27/42

3. (a) PRINT FULL NAME Catherine Bertke

3. (b) If veteran, name war No. 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Henry W. Bertke 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: April 27 1873  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name Philip Zollmann

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

14. Maiden name Geneveive Herr

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

16. (a) Informant Henry W. Bertke

(b) Address 1539 Valle Ave. Wellston, Mo.

17. (a) Burial (b) Date thereof 11/30/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Holienont ave.

19. (a) NOV 27 1942 (b) C. A. McLaughlin  
(Date received local registrar) (Registrar's signature)

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

96  
608

Dr. O. G. Wallman.  
55 W. Big Bend Rd.  
2-4 - apt 6. 306 8 PM  
Prokater 2203

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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 G. W. Wilkinson  
Licensed Embalmer No. 3575

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.**