S. No. 2
M—9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

345

State File No.

JAN 21 1943

Registration District No. 210 Primary Registration District No. 1003 Registrar's No. 434

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: Isolation. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/10/42 to 1/14/43 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 000 13 923
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 2112 S. Broadway. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bertha Henseler.
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 Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 18th (Day) 1902 (Year)

8. AGE: Years 40 Months 0 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business
MOTHER FATHER
12. Name Joseph Durgia.
13. Birthplace Vienna Austria. (City, town, or county) 4 (State or foreign country)
14. Maiden name Christina Rick.
15. Birthplace Berlin Germany. (City, town, or county) 4 (State or foreign country)
16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 (Month) (Day)
(c) Place: burial or cremation [illegible]
18. (a) Signature of funeral director [illegible]
(b) Address 2201 S. Broadway
19. (a) JAN 15 1943 (Date received local registrar) J. T. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14 year 1943 hour 3 minute A M.
21. I hereby certify that I attended the deceased from 1/10 1943 to 1/14 1943 that I last saw her alive on 1/14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Typhoid fever	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Ulcers in terminal part of ileum

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)
Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work (d) Means of injury
23. Signature F. W. Maxwell (M. D. or other)
Address 5600 Arsenal St. Date signed 1-14-43

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

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.