. S. No. 2
M—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3922

Primary Registration District No. 1003

Registrar's No. 1090

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
3730 Arkansas Ave., 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 91

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1539 Valle Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Henry W. Bertke.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Catherine Bertke

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

7. Birth date of deceased A pril 27, 1867.
(Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days ~~27~~ 4 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Bertke
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Esscr
15. Birthplace France 5
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Bertke
(b) Address 6504 Leschen Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3. 43.
(Month) (Day) (Year)
(c) Place: burial or cremation Vallhalla Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) FEB 2 1943 (Date received local registrar) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1
year 1943 hour 3.00 minute A.M. M.

21. I hereby certify that I attended the deceased from JAN 13TH 1943 to JAN. 31, 1943;
that I last saw him alive on Jan 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Cerebral Apoplexy

Due to

Due to 18 day.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Albert A Gebhardt (M. D. or other)
Address 1438 Chippewa Date signed 2/1/43

871

(Licensed Embalmer's Statement on Reverse Side)

Dr. Albert A. Gebhardt
3438 Chippwa Ave.,
LA. 5177. 3-5 PM.

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 Guy W. Wilkerson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.