

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12532

FILED MAY 7 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4029

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
6219 Columbia  
(d) Length of stay: In hospital or institution all  
In this community all years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(d) Street No. 6219 Columbia  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Bertha Monville

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

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

6. (b) Name of husband or wife Edward Monville 6. (c) Age of husband or wife if alive 94 years

7. Birth date of deceased Oct. 13, 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 6 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joe Mueller

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

14. Maiden name Unknown

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

16. (a) Informant Lillian Richter

(b) Address 8 Hortus Ct.

17. (a) Burial (b) Date thereof 4-30-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APP 20 1943 (b) J. J. Bredeck  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from April 25, 1943 to April 28, 1943;  
that I last saw her alive on April 28, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death C coronary occlusion  
Due to.....

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: no gH  
Of operations.....  
Of autopsy.....

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?.....  
(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 J.P. Emerich (M.D. or other) 2nd  
Address 6200 Columbia Date signed 4/29/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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..... *J. A. Burgess*.....  
Licensed Embalmer No. *4029*.....  
P. O. Address..... *Maplewood*.....

**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.**