

FILED JUN 5 1943 18

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo., 21 days
(Specify whether years, months or days)

In this community 15 years

3. (a) PRINT FULL NAME Bertha Fletcher

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct 27th 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 24 If less than one day hr. — min. —

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

10. Usual occupation mil

11. Industry or business —

MOTHER FATHER { 12. Name Dennis Bumier

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

14. Maiden name unk

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

16. (a) Informant from record on Hospital

(b) Address 2601 Whittier St Homer Phillips Hosp

17. (a) Burial (b) Date thereof 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. R. Randle & Son

(b) Address 3133 Bell Ave

19. (a) MAY (b) J. F. Braddock
(Date received local health dept) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000 17 721

(a) State Missouri (b) County —

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2212 Olive St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21, year 1943 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 31, 1943 to May 21, 1943 that I last saw her alive on May 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of left Breast (post Operative) Duration 18 mos.

Due to 50

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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 H. R. Williams (M. D. or other) Address 2601 Whittier Date signed 5/24/43

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 *S. J. Watson*
Licensed Embalmer No. *2698*
P. O. Address *779 Chouteau Ave*

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.