

16401

S. No. 2
M-9-4-41
5-17-53
P-1 X-2-22

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No.

FILED JUN 9 1943 318

Registration District No.

Primary Registration District No.

Registrar's No. 4916

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:
7301 South Grand Blvd. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 7301 So. Grand Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bertha Meyerhoff

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

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased December 9 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 17 hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant George Hinrichs

(b) Address 7301 So. Grand Blvd.

17. (a) Burial (b) Date thereof May 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Walter H. ...

(b) Address 3634 Gravois Ave.

19. (a) MAY 28 1943 (b) J. F. ...
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 th. year 1943 hour 9 minute 18 P. M.

21. I hereby certify that I attended the deceased from June 8th, 19 43 to May 26th 19 43
that I last saw her alive on May 25th, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Myocarditis for 1 wk.

Due to
63

Other conditions Hyperthyroidism 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations XXXX

Of autopsy NO

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) XXXX

(b) Date of occurrence XXXX

(c) Where did injury occur? XXX
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX

While at work XX (Specify type of place) (e) Means of injury 5

23. Signature Dr. W. A. Walter (M. D. XXXX)
Address 3608 S. Grand Blvd., Date signed 5/27/43

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

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.....

Frank J. Myland
2675
St. Louis, Mo

Licensed Embalmer No.....

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.