

JUL 24 1943
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County Monroe Co

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

(c) Name of hospital or institution:
6215 BIXBY
(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

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

(d) Street No. 6215 BIXBY
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME BERTHA MOHN

3. (b) If veteran, name war NO

3. (c) Social Security No. 210

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18 year 1943 hour 11 minute 40 M.

21. I hereby certify that I attended the deceased from July 15 to July 18 1943

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GOTHEB 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOV. 19 1868
(Month) (Day) (Year)

that I last saw her alive on July 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

8. AGE: Years 74 Months 8 Days - If less than one day _____ hr. _____ min.

Due to Coronary Myocarditis

Due to Old

Other conditions Embolic infarct of parietal artery
(Include pregnancy within 3 months of death)

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

10. Usual occupation HOUSEWIFE

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name WALDVOGEL

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

14. Maiden name WALDVOGEL

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

16. (a) Informant BERTHA GRIVETT

(b) Address 7606 VIRGINIA

17. (a) BURIAL (b) Date thereof JULY 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem

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? _____

18. (a) Signature of funeral director J. P. Smith - J.

(b) Address 7124 D. ...

19. (a) 7-21-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury.

23. Signature [Signature] (M. D. or other) _____

Address 3325 ... Date signed 7-19-43

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.....

Harry J. Schreyer
.....

.....
Licensed Embalmer No. 2679

P. O. Address.....

782 Jersey Road
.....

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.