U. S. No. 2
100M—2-43
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29323

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 2000

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mothers of Good Counsel Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: St. Louis
(c) City or town: Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No.: Edgar Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Bertha Dent Jokerst
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Fem
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Wid
6. (b) Name of husband or wife: George G.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: March 26, 1873 (Month) (Day) (Year)
8. AGE: Years 70 | Months 5 | Days 9 | If less than one day hr. min.
9. Birthplace: Bismark (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At Home
11. Industry or business
12. FATHER Name: Winnett Dent
13. FATHER Birthplace: Missouri (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Mary Louise Reiser
15. MOTHER Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: J. Dent Jokerst (son)
(b) Address: 7 Glen Oaks Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 6, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem, Missouri
18. (a) Signature of funeral director: Michael J. Croghan
(b) Address: 7146 Manchester Avenue
19. (a) SEP 7 - 1943 (Date received local registrar) (b) E. D. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd year 1943 hour 3:15 am minute M.
21. I hereby certify that I attended the deceased from 7-3-, 1943, to 9-3-, 1943 that I last saw her alive on 8-27-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	30 min
Due to: Hypertension Malignant	?
Due to: Arteriosclerosis, General	?
Other conditions: Hemiplegia, left (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None

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): None
(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: Nicholas S. Vitale (M. D. or other) MD
Address: 3861 St Louis Ave. Date signed: 9/3/43

707 (Licensed Embalmer's Statement on Reverse Side)

APR 12 1944

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. Allen Davis Jr.

Licensed Embalmer No.....4053

P. O. Address.....City

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.