

35691

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 0

No. 2  
1-2-43  
5-17-34  
1 X3287

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

OCT 23 1943  
Registration District No. 517

Primary Registration District No. 2002

Registrar's No. 2355

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

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

(c) Name of hospital or institution: Christian Old Peoples Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 months  
(Specify whether years, months or days)

In this community 14 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 00

(a) State Missouri (b) County 1

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

(d) Street No. 2518 1/2 Howard Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Bertha Funke

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17, 1943  
year 11 hour 30 minute A M.

4. Sex Female

5. Color or race White

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 September 16, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 22, 1941, to Oct. 16, 1943  
that I last saw her alive on Oct. 16, 1943  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>1</u>	hr. <u>        </u> min. <u>        </u>

Immediate cause of death Chronic myocarditis 2 years

Due to Carcinoma interna + left breast 2 years

Due to         

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

Other conditions           
(Includes pregnancy within 3 months of death)

MOTHER FATHER {

11. Industry or business         

12. Name Christian Funke

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

14. Maiden name Christina

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

Major findings: Of operations         

Of autopsy         

PHYSICIAN           
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry G. Marquard

(b) Address 4049 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) OCT 20 1943 (b) E. McArthur, M.D.  
(Date received local registrar) (Registrar's signature)

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 Norton John Evernell, M.D. (M. D. or other) M.D.

Address 4129 Washington Blvd. Date signed Oct. 18, 1943

JUL 10 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 W. W. Wilkinson  
Licensed Embalmer No. 3578  
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.**