

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No.

Registrar's No. 10534

No. 2
-5-43
5-17-39
I X34671

FILED DEC 13 1943
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6626 Macklin Ave.
(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)

3. (a) PRINT FULL NAME Bertha L. Daeumler,

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 Married

6. (b) Name of husband or wife Paul Daeumler 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased January 10th, 1916.
(Month) (Day) (Year)

8. AGE: Years 27 Months 10 Days 20 If less than one day
hr. min.

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

10. Usual occupation House-Wife

11. Industry or business

12. Name Zacharis Sebold.

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

14. Maiden name Louise Woller

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

16. (a) Informant Paul Daeumler

(b) Address 6626 Macklin Ave.

17. (a) Burial (b) Date thereof Dec. 3, 1943.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenfuss Bros.
(b) Address 8409 Gravois Ave.

19. (a) DEC 1 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....
(c) City or town Saint Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6626 Macklin Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th,
year 1943. hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 13, 1940
to Nov. 29, 1943.
that I last saw her alive on Nov. 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary Tuberculosis
Due to infection

Due to.....

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 Lawrence Calahan (M. D. or other)
Address 3515 S. Grand Date signed 11/30/43

Duration

not known

PHYSICIAN

Underline the cause to which death should be charged statistically.

Y4K

St. Louis, Mo

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 E Morris

Licensed Embalmer No. 3360

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.