

FILED FEB 14 1944
Registration District No. 317

Primary Registration District No. 3065

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
23 PARKLAND
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 15 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 23 Parkland Pl
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BERTHA ZIMMERMANN CARTALL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1944 hour 4 minute 05 P. M.

4. Sex FEMALE race WHITE

5. Color or race WHITE

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

6. (b) Name of husband or wife WILLIAM J. CARTALL

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

7. Birth date of deceased MAY 10 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1937 to February 5 1944
that I last saw her alive on January 31 1944
and that death occurred on the date and hour stated above.

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

84 8 26 — hr. — min.

Immediate cause of death Chronic Myocarditis

Due to Myocardial Infarction 5 mo ago

Due to Coronary Thrombosis 5 mo ago

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

Other conditions Generalized Arteriosclerosis Type 1
(Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 95

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name MELCHIOR ZIMMERMANN

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

14. Maiden name CATHERINE MUELLER

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

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 _____

16. (a) Informant Mrs. F. H. Dunneke

(b) Address 23 Parkland Pl Glendale

17. (a) BURIAL (b) Date thereof FEB 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TRENTON-ILLINOIS

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO

19. (a) FEB 8 1944 (b) C. H. Mo Lavan, M.D.
(Date received local health) (Registrar's signature)

23. Signature David M. Skelliey Jr. (M. D. or other) M.D.

Address 4500 Olive Street Date signed 2-6-44

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 C. B. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.