

FILED APR 20 1944
318
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: 533 Dover Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 533 Dover Place (If rural, give location) 91
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Bertha Beckert
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6th
year 1944 hour 4 minute 00 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife John Beckert (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 8 Days 12 If less than one day hr. _____ min. _____

Immediate cause of death Laceration throat and wrists. Hemorrhage self inflicted with a butcher knife at the bath-room of her home April 6th 1944 exact time unknown Duration _____

9. Birthplace Trenton Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Due to _____
Other conditions (include pregnancy within 3 months of death) None

11. Industry or business _____
12. Name John Riemann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bassler
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 Miss Alvina Riemann
(b) Address 533 Dover Place
17. (a) Burial (b) Date thereof April 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Trenton Cemetery, Illinois
18. (a) Signature of funeral director Seiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue
19. (a) APR 7 1944 (b) J. H. Bredach
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence April 6 1944
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
While at work? no (Specify type of place) (e) Means of injury see above
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 4/17/44

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.....

Licensed Embalmer No. 3737

P. O. Address. 1936 St. Louis Cr.

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.