

22-1-08
15676

FILED MAY 13 1944

Registration District No. 3060

Primary Registration District No. 3060

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 10 mos.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME BERTHA HEIN
(b) If veteran, name war No
(c) Social Security No. Unknown

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased January 9, 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 3 Days 0
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Flaute

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

14. Maiden name Marrie Schriber

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

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 4-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem.

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Kirkwood Mo

19. (a) 4-18-44 (b) J. J. Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Old Folks Home
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1944 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 1, 1943 19____ to April 9, 1944 19____
that I last saw her alive on April 9, 1944 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral & General arteriosclerosis

Due to _____
Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy No autopsy.

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 M. J. Taylor (M. D. or other) MD
Address 408 W. Front Date signed 4-11-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK

MOTHER FATHER

RECEIVED 5-13-44

District Health Officer No. 4

District File Number 544-382

Date Filed 5-13-44

MAY 17 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 *Felix Leonard*

Licensed Embalmer No. 3034

P. O. Address *Kirkwood m*

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.