

FILED JUN 9 1944 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 4978

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6418 Sutherland /
 (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 Beck

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred J. 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 3 1881
 (Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 26 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business.....

12. Name Herman Bahien

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

14. Maiden name Susan Rathmacher

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

16. (a) Informant Fred Beck

(b) Address 6418 Sutherland

17. (a) Burial Date thereof June 1 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Wacker Helderle

(b) Address 3634 Gravois Ave.

19. (a) MAY 21 1944 (b) J. P. Bredon
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6418 Sutherland
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 29 day
 year 1944 hour 11 minute 7 P.M.

21. I hereby certify that I attended the deceased from May 29th 1944 to May 29th 1944
 that I last saw him/her alive on May 29th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 22 days
Chronic nephritis 22 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 131

PHYSICIAN

Major findings: Of operations.....

Of autopsy no

Underline the cause to which death should be charged statistically.

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) (c) Means of injury.....

23. Signature W. H. Jones (M. D. or other).....

Address 1544 So. Broadway Date signed 5/31/44

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 Robert C. Wheeler
.....
Licensed Embalmer No. 2128
.....
P. O. Address St. Louis, Mo.

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.