No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20318

Primary Registration District No. 1003

Registrar's No. 6045

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4615 Louisiana ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4615 Louisiana ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha J. Stoll
3. (b) If veteran, name war no
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 Eugene Stoll
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September (Month) 11 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	24	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation at home
11. Industry or business none
FATHER 12. Name Joseph Flaig 0
FATHER 13. Birthplace Rio de Janiero (City, town, or county) Brazill (State or foreign country) 0
MOTHER 14. Maiden name Louisa Batsch
MOTHER 15. Birthplace St. Louis, (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Eugene Stoll
(b) Address 4615 Louisiana ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 7 (Day) 44 (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director A. Frou L. & U. Co.
(b) Address 2707 N. Grand Blvd
19. (a) JUL 6 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1944 hour 12 minute 10 a. M.
21. I hereby certify that I attended the deceased from Oct. 24, 1939 to June 26, 1944, to 19; that I last saw her alive on June 26 1944 19; and that death occurred on the date and hour stated above.

Immediate cause of death General Edema — Duration 7 days
Acidosis - dehydration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Post Influenza Paralysis
Paralysis below diaphragm
Major findings:
Of operations
Of autopsy No.

PHYSICIAN 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) (e) Means of injury
23. Signature Walter H. Hofmann (M.D. or other)
Address 2602 So. Grand Date signed 7-6-44

(Licensed Embalmer's Statement on Reverse Side)

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 V 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.