

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
X 36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26298**  
Registrar's No. **6677**

**FILED SEP 8 1944**  
Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County.....

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

(c) Name of hospital or institution:  
3715 North Taylor Ave  
(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 Heyderich

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

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married,** 2 divorced widowed

**6. (b) Name of husband or wife** Charles **6. (c) Age of husband or wife if** alive..... years

**7. Birth date of deceased** May 12 1875  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
69	2	17	hr. min.

**9. Birthplace**..... Germany 4  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Housework

**11. Industry or business**.....

MOTHER FATHER

**12. Name** Nelke

**13. Birthplace**..... Germany 4  
(City, town, or county) (State or foreign country)

**14. Maiden name** Molke

**15. Birthplace**..... Germany 4  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Carl Heyderich  
**(b) Address** 3715 N Taylor Ave

**17. (a) Burial** **(b) Date thereof** Jul 31 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** New Bethleh Cem

**18. (a) Signature of funeral director** Beiderwieden Funeral Home

**(b) Address** 1936 St Louis Avenue

**19. (a) JUL 31 1944** **J. J. Bredner**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County..... 000  
17

(c) City or town City of St Louis 610  
(If outside city or town limits, write "RURAL")

(d) Street No. 3715 N Taylor Ave  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 29  
year 1944 hr. 1:30 minute 4 M.

**21. I hereby certify that I attended the deceased from** July 6  
1944 to July 29 1944  
that I last saw her alive on July 29 1944  
and that death occurred on the 29 and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to..... 9:30

Due to.....

Other conditions Ch. Myocarditis  
(Include pregnancy within 3 months of death)  
Ch. Arterio Sclerosis

Major findings:  
Of operations.....  
Of autopsy.....

Duration

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?

**23. Signature** Nathan Pilsky (M. D. or other)  
Address 2739 Grand Ave Date signed 7/29/44

(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..... *Delia J. Kuspis*.....  
Licensed Embalmer No..... *3497*.....  
P. O. Address..... *1936 St. Louis*.....

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.