

FILED NOV 1 1944

Registration District No. 318

Primary Registration District No. 1003

32902

State File No.

Registrar's No. 9123

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:
15 Beverly Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME - BERTHA GERTRUDE TORRANCE

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 Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 11 21 1872 years (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 11 4 hr. min.

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

10. Usual occupation Ret'd Secretary

11. Industry or business

MOTHER FATHER
12. Name Adam Graham Torrance
13. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Alie J. M. Conaughy
15. Birthplace Unknown Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Justin Flint
(b) Address 15 Beverly Place

17. (a) Cremation (b) Date thereof 10-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Alexander Soss
(b) Address 6175 Delmar Boulevard

19. (a) OCT 27 1944 (b) J. F. Bredeh
(Date received local registrar's certificate) (Registrar's signature)

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. 15 Beverly Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25
year 1944 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 10 1942 to Oct 25 1944
that I last saw her alive on Oct 25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Aremia

Due to arterio sclerosis many years

Due to Paralysis aptens 3 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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 Frank Maydon (M. D. or other) med
Address 520 W. 4th Date signed 10-26-44

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

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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 *Thomas R. Newick*

Licensed Embalmer No. *3793*

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.