

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36525**
Registrar's No. **9603**

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..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2351a Louisiana
(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..... 24 years (Specify whether
years, months or days)

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. 2351a Louisiana
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bertha E. Walther
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 10
year 1944 hour 5 minute 15 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Rev. F. G. Walther 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... February 23, 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from sept 17, 1944 to Nov 10, 1944
that I last saw her alive on Nov 10, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
91 8 18 hr. min.

Immediate cause of death..... Pneumonia Lobar Hypostatic Duration 2 days

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation..... Housewife

Due to Arterio Sclerosis nephritis Hemeral
Due to Senile Dementia
Other conditions Chronic Myocarditis 1947
(Include pregnancy within 3 months of death)

11. Industry or business
12. Name Rev. F. J. Biltz
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Marie Von Wurmb
15. Birthplace Africa
(City, town, or county) (State or foreign country)

Major findings: none
Of operations.....
Of autopsy.....

16. (a) Informant Miss Paula Walther
(b) Address 2351a Louisiana
17. (a) Burial (b) Date thereof Nov. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

PHYSICIAN
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Avenue
19. (a) NOV 13 1944 (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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 Jno. C. Plouck (M. D. or other) MD
Address 2767 Grand Date signed 11-10-44

Dr. J. Doustek
2767 Illinois

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. Krupin*

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.