. S. No. 2
00M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11212

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3953

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:
6114 Carlsbad Ave. 1
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6114 Carlsbad Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (~~Yes~~ or No)

If yes, name country

3. (a) PRINT FULL NAME Bertha Fink

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced widow 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 17 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	7	14	hr. min.

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

10. Usual occupation At. home

11. Industry or business

FATHER
12. Name Frank Johns
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) 11 (State or foreign country)

16. (a) Informant Otto Fink
(b) Address 6114 Carlsbad Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 4, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Schumacher Mfg Co
(b) Address 3013 Meramec St.

19. (a) MAY 3 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1945 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 1 — 1943, to 5 - 1 — 1945
that I last saw her alive on May 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	20 yrs
Hypertension	10 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature C W Gaertner (M. D. ~~or other~~)
Address 1504 So Grand Date signed 5/1/45

(Licensed Embalmer's Statement on Reverse Side) Gaertner

1504 So. Grand
PR. 6133
Home NY 0924
1 30 and 3 30

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 Francis Williamson

Licensed Embalmer No. 3565

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.