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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 SEP 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25432

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7486

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:
DesLoge Hospital 0
(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:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 227 Hazel Ave 4 NR
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bertels, August

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Bertels

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

7. Birth date of deceased March 5th, 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	5	22	hr. min.

9. Birthplace Westphalia Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Henry Bertels
13. Birthplace Alsace Lorraine
(City, town, or county) (State or foreign country)

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

16. (a) Informant John Bertels
(b) Address 436 West Pointa University City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/45
(Month) (Day) (Year)
(c) Place: burial or cremation Martinsburg Mo

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) AUG 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1945 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from 8-22- 1945, to 8-27- 1945
that I last saw him alive on 8-27- 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic pneumonia	3 days
Due to Inter-trochanteric fracture of left femur - comminuted	6 days
Due to Fall	
Other conditions Senility (Include pregnancy within 3 months of death) Arteriosclerotic Heart Disease	

Major findings:
Of operations 186
Of autopsy 18

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) Accident
(b) Date of occurrence 8/21/45
(c) Where did injury occur? Webster Groves (City or town) St Louis (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home of daughter (Specify type of place)
While at work? NO (e) Means of injury Fall

23. Signature S C Gallup M.D. (M. D. or other)
Address 1025 South Grand Blvd Date signed 8/27/45

(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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.