. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38655

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2780

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's 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 Gasconade 37

(c) City or town Hermann 1
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Bertha Weeks

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Albert W. Weeks

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

7. Birth date of deceased April (Month) 18 (Day) 1867 (Year)

8. AGE: Years 78 Months 7 Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Baumstark 1

(b) Address 1050 Pacific, Webster Groves, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Hermann, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 10 1945 (Date received local registrar) (b) E B M Barnard M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1945 hour 5 minute 55 pM.

21. I hereby certify that I attended the deceased from December 2, 1945, to December 6, 1945; that I last saw her alive on December 6, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure 93a	15 min.
Due to Chronic myocarditis and decompensation	
Due to Cardiac asthma	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

22. If death was due to external causes, fill in the following: No

(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 James L. Vade M.D. (M. D. or other)

Address 634 N. Grand Date signed 12/7/45

(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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.