

No. 2
-5-43
5-17-39
I X36671

FILED MAR 4 1946

STANDARD CERTIFICATE OF DEATH

State File No. **7067**
Registrar's No. **420**

Registration District No. **377** Primary Registration District No. **6076 4665**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Rock Hill**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Gilbert Ave.
(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)

3. (a) PRINT FULL NAME **KATE C. BERTZ**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married** /

6. (b) Name of husband or wife **Henry H.**

6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **Mar. 3, 1881**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **15**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis** **MO.** **17**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Henry Dueringer**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Audry Thalmann**

(b) Address **Gilbert Ave. Rock Hill, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 21, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem. St. L.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave. Maplewood, Mo.**

19. (a) **2-23-46** (b) **E. H. Warren, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis** **96**

(c) City or town **Rock Hill**
(If outside city or town limits, write "RURAL") **14**

(d) Street No. **Gilbert Ave** / **0**
(If rural, give location) **0**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18**
year **1946** hour **5:15 A.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Jan. 1946** to **2-18-46** **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Hypertensive Arterio-sclerotic Cardio-Vascular Disease**

Other conditions **None**

Major findings: Of operations **None**

Of autopsy **None**

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? **None**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **None**
MO.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Allen M. Kearney** (M. D. or other) **0**

Address **2240 Brentwood Blvd** Date signed **2-19-46**

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

MOTHER FATHER

Dr. M. Kearney
3:46 P.M. - 7:10 P.M.
2240 Brentwood Road

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 3454
....., Registered Apprentice No.
working under my personal supervision.

Signed Clair C. Gibson
Licensed Embalmer No. 3454
P. O. Address 7456 Manchester

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.