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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24179
Registrar's No. 1169

Registration District No. 318 Primary Registration District No. 1003

**1. PLACE OF DEATH:**

(a) County:
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1125 Paul St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERTHA GRAY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 10, 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) Nil (State or foreign country) Ill.
10. Usual occupation
11. Industry or business

FATHER
12. Name Antone Bartos
13. Birthplace (City, town, or county) (State or foreign country) Ill.

MOTHER
14. Maiden name Mary Kramer
15. Birthplace (City, town, or county) (State or foreign country) Ill.

16. (a) Informant Marie Bartos
(b) Address 3608 Aldine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) FEB 4 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 3rd year 1946 hour 9:05 minute P M.
21. I hereby certify that I attended the deceased from 1/23/46, 19, to 2/3/46, 19; that I last saw her alive on 2/3/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 Herbert C. Gist (M. D. or other)
Address 1515 Lafayette Date signed 2/3/46

(Licensed Embalmer's Statement on Reverse Side)

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

6429

## 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 Eymke

Licensed Embalmer No. ..... 1284

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.**