

V. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I. X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14452**  
**3758**  
Registrar's No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
13357

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:  
4455 Beethoven 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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4455 Beethoven Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bessie Lee Abert  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr. day 22  
year 1946 hour 6 minute 30P MT.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Walter H. Abert  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Sept. 28 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11, 1946, to April 22, 1946;  
that I last saw her alive on April 8, 1946;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
54 6 24 hr. min.

Immediate cause of death chronic myocarditis  
Due to undetermined  
Due to \_\_\_\_\_  
Other conditions hypertension  
(Include pregnancy within 3 months of death)  
Major findings: arteriosclerosis general  
Of operations none  
Of autopsy none

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

PHYSICIAN  
Duration 3/11/46 +  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Thomas J. Raphael  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Martina Lemmon  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter H. Abert  
(b) Address 4455 Beethoven Ave  
17. (a) Entombment (b) Date thereof 4-25-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grove

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? \_\_\_\_\_

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.  
19. (a) APR 24 1946 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Bernard T. Row (M. D. or other) MD  
Address 4755 N. Grand Road Date signed Apr 23

Dr. B. T. Koon, (Hu. 3434)  
4755 Morganford Rd.

1 to 3  
Except Wednesday

JUN 17 1955

**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..... *Albert R. Thompson*.....  
Licensed Embalmer No. *4237*.....  
P. O. Address..... *St. Louis*.....

**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.**