

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **29543**

Registrar's No. **1093**

**FILED OCT 7 1946**  
 Registration District No. **47**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**  
 (b) City or town **St. Joseph**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Joseph Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day** (Specify whether  
 In this community **48 years**  
 years, months or days)

3. (a) PRINT FULL NAME **Bertha Odella Alberta**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Emil Alberta** 6. (c) Age of husband or wife if alive **29** years  
 7. Birth date of deceased **April 29 1870**  
 (Month) (Day) (Year)

8. AGE: Years **76** Months **4** Days **28** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Timothy Turner**

(b) Address **414 Augusta St. St. Joseph, Missouri**

17. (a) **Burial** (b) Date thereof **9/28/ 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland Cemetery**

18. (a) Signature of funeral director **Walter Heierhoffer**

(b) Address **1302 Faraon St. St. Joseph, Missouri**

19. (a) **Sept. 30, 1946** (b) **J. H. Huth**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
 (c) City or town **St. Joseph**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **414 Augusta Street**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **27th**,  
 year **1946** hour **1** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **9-24-46**  
**9-27-1946**, to **9-27-1946**  
 that I last saw her alive on **9-26-1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic coma** **2 days**  
**Hypostatic pneumonia** **1 1/2 days**

Due to **Diabetes Mellitus**

Other conditions **Gen. arteriosclerosis** **yes**  
 (Include pregnancy within 3 months of death)  
**Diabetic gangrene feet & toes**

Major findings: Of operations **61**

Of autopsy

22. If death was due to external causes, fill in the following:

(c) 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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **M. E. Grimes** (M. D. or other) **M. D.**

Address **St. Joseph, Mo.** Date signed **9-27-46**

3F

(Licensed Embalmer's Statement on Reverse Side)

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

28573

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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 C. Harrington*

Licensed Embalmer No....3258...Missouri.....

P. O. Address....St. Joseph, Missouri.....

**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.**