

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. _____

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: Event to Hospital Christian Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 0 (Specify whether)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Bertha Favere

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

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased July 19 1985
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>10</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Carlinville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Harry Brandese

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

14. Maiden name Unknown Steinmeyer

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

16. (a) Informant Mr. Charles Favere

(b) Address 4562 Pope

17. (a) Burial (b) Date thereof 6/18/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Grand and Co

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 17 1947 (b) J. F. Brandese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 9 4562 Pope 9
(If rural, give location)
 (e) Citizen of foreign country? No 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
 year 1947 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 28 July 1937 to 14 June 1947
 that I last saw h. or alive on 3 June 1947 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (probable) 16 yrs.
 Due to Coronary arteriosclerosis

Other conditions Aortic regurgitation (etiol?) 11 yrs.
(Include pregnancy within 3 months of death)

Major findings: 9/2/47
 Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place)
 (c) Means of injury 0

23. Signature J. B. Orabel (M. D. or other)
 Address 114 9th Taylor, St. Louis 8 Date signed 16 June 47

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

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

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..... *W. C. Marie*

Licensed Embalmer No. *3360*

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.