S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32327

Primary Registration District No. 1003

Registrar's No. 8905

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: St Louis Children's (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) 3 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Jersey
(c) City or town Jerseyville (If outside city or town limits, write "RURAL")
(d) Street No. 522 West Pearl (If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carolyn Jane Bertman
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 Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 20 (Day) 43 (Year)
8. AGE: Years 3 Months 11 Days 3 If less than one day hr. min.
9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Child
11. Industry or business
MOTHER FATHER
12. Name Herbert C. Bertman
13. Birthplace Jerseyville (City, town, or county) Ill. (State or foreign country)
14. Maiden name Doris Ruyle
15. Birthplace Jersey Co. (City, town, or county) Ill. (State or foreign country)
16. (a) Informant Herbert C. Bertman
(b) Address Jerseyville, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Jerseyville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23 year 47 hour 2 minute 25 A.M.
21. I hereby certify that I attended the deceased from 9-20, 1947 to 9-23, 1947; that I last saw her alive on 9-23, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Encephalopathy
Due to Fever & Toxemia
Due to Tonsillitis
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 (M. D. or other)
Address Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1967

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 G W Wilkinson

Licensed Embalmer No. 3575

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.