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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43661

FILED DEC 22 1947

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2537

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Clayton. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: # 402 Brentwood Blvd. (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 Missouri (b) County St. Louis 96

(c) City or town Clayton 2 (If outside city or town limits, write "RURAL")

(d) Street No. #402 Brentwood 3 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME BERTHA L. MAYNE.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Adolph F. Mayne.

6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased December (Month) 7 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
94	---	---	..... hr. ..... min.

9. Birthplace Gray Summit, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation at home

11. Industry or business .....

FATHER

12. Name August Holthaus.

13. Birthplace unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER

14. Maiden name Wilhelmenia OBrig.

15. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Walter R. Mayne.

(b) Address #7 Picardy Lane

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) 12-8-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MGa

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7 year 1947 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1946 ..... 1946 to Dec. 7 1947 that I last saw her alive on Dec. 7 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occlusion	36 hr
Due to: general arteriosclerosis	
Due to: 94 a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 0

23. Signature D. J. Verda (M. D. or other)

Address 4500 Olive St Date signed 12-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

4500 Olive St.
FO 3800
Hrs. 4 to 7 PM.

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 Clarence A. Murray

Licensed Embalmer No. 4011

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.