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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2601**  
Registrar's No. **948**

FILED FEB 9 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital—Max C. Starkloff**  
(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

3. (a) PRINT FULL NAME **BERTHA HAUERT**  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **WIDOWED**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **DEC. 31 1871**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **—** Days **29**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **WIDOW**

11. Industry or business **AT HOME**

12. Name **UNKNOWN**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **MAX SCHNEIDER**

(b) Address **8907 SHAWNEE LANE**

17. (a) **BURIAL** (b) Date thereof **FEB 7 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEM.**

18. (a) Signature of funeral director **Thomas Kutis & Son**

(b) Address **2906 GRAVOIS**

19. (a) **JAN 30 1948** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MISSOURI** (b) County **St. Louis**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2857 Gravois**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **29th**  
year **1948** hour **7** minute **40 P. M.**

21. I hereby certify that I attended the deceased from **1/24/48**  
to **Jan 29th 1948**  
that I last saw her alive on **Jan 29th 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio sclerotic Heart Disease**  
**with** **decompensation**  
Due to \_\_\_\_\_  
Duration **months**

Other conditions **Arterio sclerotic, severe**  
(Include pregnancy within 3 months of death) **months**

Major findings: Of operations \_\_\_\_\_  
Of autopsy **Aut. Done**  
Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature **Robert J. [unclear]** (M. D. or other) **Ind**  
Address **1515 Lafayette** Date signed **1/30/48**

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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.....

*James C. Hill*

Licensed Embalmer No. ....

*4347*

P. O. Address.....

*2906 Davis*

**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.**