No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2820

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 153

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

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: 6456 Potomac St.
(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 Mo. (b) County 00-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6456 Potomac St. 9
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BERTHA MALL

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 6

5. Color or race White

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

6. (b) Name of husband or wife Late John W.

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

7. Birth date of deceased Dec. (Month) 21 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	14.	hr. min.

9. Birthplace St. Genevieve (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Berthold Kistner
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Myrtle Hughes
(b) Address 4399 Gibson Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1948 hour 5:37 minute P. M.

21. I hereby certify that I attended the deceased from 1-3- 1948 to 1-5- 1948
that I last saw her alive on 1-5- 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia

Due to

Due to 61

Other conditions Senility - Diabetes & Hyper-tension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. S. Heath M.D. (M.D. or other)

Address 2800 S. Kingshighway Date signed 1-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.