

No. 2
-1/47
-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED FEB 24 1948
Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 2002

State File No. 7324
Registrar's No. 355

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1301 Sheridan Drive
(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
(c) City or town St. Louis University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1301 Sheridan Drive
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Bertha Marriott
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 married
6. (b) Name of husband or wife Robert Marriott
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased November 7 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 2 28
hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name William Ellebracht

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Anna Harig

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Marriott

(b) Address 1301 Sheridan Dr

17. (a) burial (b) Date thereof Feb-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director A. K. ...
(b) Address 2707 N Grand Bly'd

19. (a) 2-7-48 (b) Beat ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1948 hour 6 minute 30 a. m.
21. I hereby certify that I attended the deceased from 2-28-44 19..... to 2-5- 19 48
that I last saw her alive on 2-1- 19 48
and that death occurred on the date and hour stated above. Duration

Immediate cause of death 95 c

Due to Acute Cardiac Dilatation 30 sec.

Due to Rheumatic Heart Disease ?

Other conditions menopause
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy: none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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?..... (a) Means of injury 0

23. Signature Nicholas ... (M., D., or other) MD
Address 3861 St Louis Ave Date signed 2/5/48

PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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 *Stanley H. Dixon*

Licensed Embalmer No. *4193*

P. O. Address *St. Louis*

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.