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FILED JUN 21 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 Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**5415 Wabada Ave.**  
(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 Criswell**

**3. (b) If veteran,** name war \_\_\_\_\_

**3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **F** **1** **5. Color or race** **W**

**6. (a) Single, widowed, married, divorced** **Married**

**6. (b) Name of husband or wife** \_\_\_\_\_

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

**7. Birth date of deceased** **June 2 1880**  
(Month) (Day) (Year)

**8. AGE:** Years **68** Months **0** Days **5**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **House Wife**

**11. Industry or business** \_\_\_\_\_

**12. Name** **Ignatz Stecher Sr.**

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

**14. Maiden name** **Mary Guese**

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

**16. (a) Informant** **Ignatz Stecher**

**(b) Address** **5514 Newport Ave.**

**17. (a) Burial** **(b) Date thereof** **6-10-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Valhalla Cemetery**

**18. (a) Signature of funeral director** **W. Schunacker**

**(b) Address** **3013 Meramec St.**

**19. (a) JUN 10 1948** **(b) J. F. Bredsch**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **000**

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

(d) Street No. **5415 Wabada Ave.**  
**6** (If rural, give location) **9**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **3**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **7th**  
year **1948** hour **5:00** minute \_\_\_\_\_ P M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot wound of skull and brain, inflicted at the hands of one John Criswell in the home 5415 Wabada Ave., (EXACT TIME UNKNOWN).**  
**HOMICIDE.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**Major findings:**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**PHYSICIAN**

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) **HOMICIDE**

(b) Date of occurrence **unknown**

(c) Where did injury occur? **St. Louis Mo.**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**home**

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury **See above**

**23. Signature** \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **6/10/48**

*Handwritten initials*

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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 *Francis Williamson*

Licensed Embalmer No. *3565*

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.**