

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED JUL 14 1948

21658  
State File No. \_\_\_\_\_  
Registrar's No. 1632

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Normandy  
(c) Name of hospital or institution:  
3715 St. Anns Lane /  
(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. Francois  
(c) City or town Bismarck  
(If outside city or town limits, write "RURAL") 940  
(d) Street No. Rural Route #1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FREDA L. BERTHOLD  
(b) If veteran, name war None (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased April 15 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 46 3 16 hr. min.

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

10. Usual occupation Housework  
11. Industry or business At Home

12. Name Frederick Berthold

13. Birthplace Iron Mountain Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Keepe

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

16. (a) Informant Miss Clara Berthold

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 7/4/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 W Washington Blvd.

19. (a) \_\_\_\_\_ (b) Cecil A. Z. Sharp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
year 1948 hour 8:30 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from  
December 30, 1948, to July 1, 1948  
that I last saw her alive on June 28, 1948  
and that death occurred on the date and hour stated above:

Immediate cause of death	Duration
<u>Metastatic carcinoma to brain, chest &amp; bones</u>	<u>2 years</u>
Due to <u>Adenocarcinoma of left breast</u>	<u>3 years</u>
Due to <u>50</u>	

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

Major findings: Adenocarcinoma of left breast (2 years ago)  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_  
(f) Signature Lewis Littmann MD  
Address 8231 Clayton Rd Date signed 7/1/48

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

NUMBER, REGISTER

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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         *Oliver R. Cadwall*        

Licensed Embalmer No.         4077        

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. July  
Registrar's No. 1687

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Normandy  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Freda J. Berthold

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased April (Month) 15 (Day) 1905 (Year)

8. AGE: Years 46 Months 3 Days \_\_\_\_\_ (Less than one day) hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) Carl J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

Duration

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) \_\_\_\_\_

(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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

5-21655

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of St. Louis } ss.

State File No. 21655 48  
Local Registrar's No. 1632

AFFIDAVIT FOR CORRECTION OF A RECORD

On this second day of March, 1949, before me appears.....

J. Berthold, who, upon his oath, states that the original record of <sup>birth</sup> death

for Freda Berthold, <sup>died</sup> ~~born~~ July 1, 1948, in the State of Missouri, and which was filed at St. Louis Co. Health Dept., 19....., should be corrected as follows:

Item No. 8 should read 56 years

Instead of 46 years

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant J. Berthold Brother

Relationship.

2414 N Grand St Louis

Present Address.

Subscribed and sworn to before me this..... day of....., 194.....

My Commission expires..... Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

