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Registrar's No. **9155**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **ST. Louis**  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Firmin DeLoze**  
(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 **000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **6969** **Mardell** **8**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Clara Ertl**

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

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

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Roland Ertl** / 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased **December 25, 1886**  
(Month) (Day) (Year)

8. AGE: Years **61** / Months **8** / Days **26** / If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **housewife**

11. Industry or business **William Voss**

12. Name **Nier, Mo.**

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

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

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

16. (a) Informant **Rowland ERTL**

(b) Address **6969 Mardell**

17. (a) **burial** (b) Date thereof **10-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis Yontaine Cemetery**

18. (a) Signature of funeral director **M. J. Croghan & Sons**

(b) Address **7176 Manchester**

19. (a) **Oct 22 1948** (b) **J. B. Leaster**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **21<sup>st</sup>**  
year **1948** hour **8:00** minute **10** P. M.

21. I hereby certify that I attended the deceased from **3 PM 9**  
**1948**, 19\_\_\_\_, to **Oct 21 1948**  
that I last saw her alive on **Oct 21 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Accident**  
Duration **9/3/48**  
**10/21/48**

Due to **Hypertensive Cardiovascular disease**

Due to **Myocardium Infarct**

Other conditions (Include pregnancy within 3 months of death) **93**

Major findings: Of operations \_\_\_\_\_

Of autopsy **None.**

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) (c) Means of injury **0**

23. Signature **Malcolm B Bawell** (M. D. or other) **M.D.**

Address **1325 S. Grand Blvd** Date signed **10/22/48**

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

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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

*J. Allen Davis Jr*

Licensed Embalmer No. *4053*

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.**