

No. 300  
10. 48

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#93738

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
318

1003 State File No. 2948  
Registrar's No. 696

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 2948		Registrar's No. 696					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri.</u>				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>				d. STREET ADDRESS (If rural, give location) <u>4439 Chippewa St.</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u>			b. (Middle) _____			c. (Last) <u>LINK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 23rd, 1949</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>August 18, 1863</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME <u>Williams</u>				13b. MOTHER'S MAIDEN NAME <u>unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Gottlieb Link</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Lauman 5350 Odell</u>									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescent arteriosclerosis</u>  DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>5 years</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>231x 85</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <u>1/17/49</u> , 19 <u>49</u> , to <u>1/23/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/23/49</u> , 19 <u>49</u> , and that death occurred at <u>12:40 PM</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>W. G. Owey, M.D.</u>				23b. ADDRESS <u>1515 Lafayette Ave.,</u>				23c. DATE SIGNED <u>1/24/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>1-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>							
DATE RECEIVED BY LOCAL REG. <u>JAN 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Ziegenhein &amp; Sons 7027 Gravois Ave.</u>							

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank J Owens

Licensed Embalmer No. 2245

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.