

No. 300  
10-48

FILED APR 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13595

318

1003

32411

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Collinsville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane</b>		d. STREET ADDRESS (If rural, give location) <b>120 Teckla</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Martin</b>	b. (Middle) <b>Christ</b>	c. (Last) <b>Bertoleit</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 10-1949</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	8. DATE OF BIRTH <b>Mar 14-1892</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 YEAR Days <b>27</b>	IF UNDER 1 YEAR Hours <b></b>	IF UNDER 1 YEAR Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Martin Bertoleit</b>	13b. MOTHER'S MAIDEN NAME <b>Anna (Notknown)</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Bertoleit</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Bertoleit</b>	ADDRESS <b>Collinsville, Ill</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Stomach</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		<b>46 to 131X</b>	

19a. DATE OF OPERATION <b>4-6-49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the stomach</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **Mar. 31, 1949**, to **Apr. 10, 1949**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. M. Schaeppel</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Saint Louis 8, Mo. 4930 Lindell Blvd.</b>	23c. DATE SIGNED <b>Apr. 11, 1949</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>4/11/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Collinsville, Ill.</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 11 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Geo. M. Schaeppel</b>	ADDRESS <b>Collinsville Ills.</b>
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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 *Geo. M. Schnapp*

Licensed Embalmer No. 1598

P. O. Address Collinsville, Ills.

**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.