

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 13 1949

25209

State File No. ....

6720

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. ....		Registrar's No. <b>6720</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>			c. LENGTH OF STAY (in this place) <b>35 years</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Pine Lawn</b>			d. STREET ADDRESS (If rural, give location) <b>W.R. - 4338 Ravenwood</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>													
3. NAME OF DECEASED (Type or Print) <b>BERTHA</b>			a. (First)		b. (Middle) <b>C.</b>		c. (Last) <b>REMELIUS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2 1949</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 10 1880</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Household</b>		11. BIRTHPLACE (State or foreign country) <b>Belleville, Illinois</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Adam Seib</b>				13b. MOTHER'S MAIDEN NAME <b>Caroline Brumm</b>				14. NAME OF HUSBAND OR WIFE <b>Charles E. Remelius</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Charles E. Remelius, 4338 Ravenwood</b>							
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral accident (Hypertension)</b> ANTECEDENT CAUSES <b>Hypertension and Cardiovascular renal disease</b> Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Hypertension and Cardiovascular renal disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>102</b>									
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? <b>HIT BY</b>									
22. I hereby certify that I attended the deceased from <b>7/18</b> 19 <b>49</b> , to <b>8/2/49</b> , 19____, that I last saw the deceased alive on <b>8/1/49</b> , 19____, and that death occurred at <b>6:15 A.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>W. Harold Bailey M.D.</b> (Degree or title)				23b. ADDRESS <b>634 North Grand Blvd.</b>				23c. DATE SIGNED <b>8/2/49</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 4 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 2 1949 J. B. Lasater</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F. Home, Inc. 1936 St. Louis Ave.</b>									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Walter Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 8th St. S. Ave

**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.