

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14573

State File No. \_\_\_\_\_  
Registrar's No. **3640**

BIRTH NO. **#13467** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		Mo. <b>09 26</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>7151a Chambers St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>BERTHA</b>			b. (Middle)	c. (Last) <b>GRETZER...</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 20th, 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-6-1885</b>	9. AGE (In years last birthday) <b>64</b>	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) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>La Crosse Wis. /</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Robert Gretzer</b>		13b. MOTHER'S MAIDEN NAME <b>Thresa Sulkey</b>		14. NAME OF HUSBAND OR WIFE <b>Jake Gretzer (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Annie Schulte 1523a Destrehan</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforation of hollow viscous in abdomen with peritonitis</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>578X</b>			
22. I hereby certify that I attended the deceased from <b>4/16/50</b> to <b>4/20/50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4/20/50</b> , 19 <b>50</b> , and that death occurred at <b>6:20am</b> , 19 <b>50</b> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <b>Brennan Bailey M.D.</b>			23b. ADDRESS <b>1515 Lafayette Ave.,</b>		23c. DATE SIGNED <b>4/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-22-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>21 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasser</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodhart &amp; Goodhart 2228 St. Louis Av</b>			

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. H. Penick

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

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.