

No. 300  
15-48  
FILED AUG 22 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 28919

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 369 Registrar's No. 1993

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2099
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			d. STREET ADDRESS (If rural, give location) 4531 Athlone 1		
3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) A. c. (Last) Mimplitz			4. DATE OF DEATH (Month) (Day) (Year) Aug 18, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward Brown		13b. MOTHER'S MAIDEN NAME Mary Ann Malone	14. NAME OF HUSBAND OR WIFE John Mimplitz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Mimplitz 4049 Shreve Ave.			
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) <u>Cardiac Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Sclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u>  ?  4501
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <u>8-18-50 9-11</u>	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>8-16</u> , 19 <u>50</u> , to <u>8-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8-18</u> , 19 <u>50</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Daniel V. Repton</u> (Degree or title) M. D.			23b. ADDRESS <u>607 N. Grand Ave</u>		23c. DATE SIGNED <u>8-19-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 21 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REGISTRY AUG 20 1950	REGISTRAR'S SIGNATURE <u>Herbert L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>4746 Bronschwig and Son W Florissant</u>			

(Licensed Embalmer) Statement on Reverse Side

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 Me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Edmond H. Remelius

Licensed Embalmer No. 4293

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.