

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 98661  
2501

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.									
1. PLACE OF DEATH a. COUNTY				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 7621 Virginia, St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 11		2019									
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7621 Virginia				d. STREET ADDRESS (If rural, give location) 7621 Virginia											
3. NAME OF DECEASED (Type or Print) Gertrude			a. (First)		b. (Middle) Becher		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951						
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH Mar. 22, 1884		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 11		IF UNDER 24 HOURS Days 24		IF UNDER 15 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work				10b. KIND OF BUSINESS OR INDUSTRY at home				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Anthony Blumenkemper				13b. MOTHER'S MAIDEN NAME Anna Meiners				14. NAME OF HUSBAND OR WIFE Henry							
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.				17. INFORMANT'S SIGNATURE OR NAME Gertrude Bolesina, 7621 Virginia				ADDRESS			
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) Hypertensive Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) Chronic nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gravels Mellitus Cholelithiasis & Cholecystitis								INTERVAL BETWEEN ONSET AND DEATH 2 yrs 5 yrs 5 yrs 5 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 x										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)									
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? 95%											
22. I hereby certify that I attended the deceased from Jan, 1946, to Mar 16, 1951, that I last saw the deceased alive on Mar 15, 1951, and that death occurred at 8 PM, from the causes and on the date stated above.															
23a. SIGNATURE George Q. O'Sullivan, M.D.						23b. ADDRESS 427 W Schurmer St				23c. DATE SIGNED 3-16-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/19/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.				24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.							
DATE REC'D BY LOCAL REG. MAR 16 1951				REGISTRAR'S SIGNATURE J. B. Kester				25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan				ADDRESS			

(Licensed Embalmer's 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. *J. E. Morris*

P. O. Address *3360*

**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.