

FILED MAR 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9888
2213
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 9888 2213				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2739				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1				2. STREET ADDRESS (If rural, give location) 2000 GRAYOIS						
3. NAME OF DECEASED (Type or Print)		a. (First) LILLIAN		b. (Middle) BERTHOLD		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) MAR. 7 1951		
5. SEX FEM!		6. COLOR OR RACE Wh.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED!		8. DATE OF BIRTH 6-13-1913		9. AGE (In years last birthday) 37 yr.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME FRANK KERSEING			13b. MOTHER'S MAIDEN NAME EDITH AHME			14. NAME OF HUSBAND OR WIFE WM BERTHOLD				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME William Berthold 2000 Grayois		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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>hypertensive cardiovascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerulonephritis</u> 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 3 yr. 9 yr.		
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 372X						
22. I hereby certify that I attended the deceased from 2-10-51, 19__, to 3-7-51, 19__, that I last saw the deceased alive on 3-7-51, 19__, and that death occurred at 7:10 P.M., from the causes and on the date stated above.										
23a. SIGNATURE Gary B. Wood M.D. O				(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-8-51		
24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL		24b. DATE 3-9-51		24c. NAME OF CEMETERY OR CREMATORY ST MATTHEWS		24d. LOCATION (City, town, or county) St. Louis, Mo.		(State)		
DATE REC'D BY LOCAL REG. MAR 9 1951		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schur 3125 Lafayette					

(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 _____

John B. Williams

Signed _____
Student Embalmer

Licensed Embalmer No. *2014*

P. O. Address *3125 Lafayette*

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.