

FILED JUN 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5304

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 town or township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		OR TOWNSHIP 2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION Carrie Elligson Gietner Home				d. STREET ADDRESS (If rural, give location) 5000 So Broadway					
3. NAME OF DECEASED (Type or Print) Bertha			a. (First)	b. (Middle)	c. (Last) Versen.	4. DATE OF DEATH (Month) (Day) (Year) 6-8-51			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH March 15, 1875			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) a t home				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Andrew Koenig			13b. MOTHER'S MAIDEN NAME Johanna Krauss			14. NAME OF HUSBAND OR WIFE Leopold Versen.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Davis, 947 Belt 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis 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) Diabete Mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks 6 years	
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) _____		21d. HOW DID INJURY OCCUR? 260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Oct 3, 1944 , to June 8, 1951 , that I last saw the deceased alive on June 8, 1951 , and that death occurred at 6:30 p.m. from the causes and on the date stated above.					
23a. SIGNATURE J. B. Herchenroder, M.D. (Degree or title)				23b. ADDRESS 5000 S. Broadway		23c. DATE SIGNED 6/9-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park, St. Louis County, Missouri.		24d. LOCATION (City, town, or county) (State) _____			
DATE REC'D BY LOCAL REG. JUN 11 1951		REGISTRAR'S SIGNATURE J. B. Gietner		25. FUNERAL DIRECTOR'S SIGNATURE Baidervieden Fun. H. Inc. 1936 St. Louis Ave					

(Licensed Embalmer's Statement on Reverse Side)

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

4

Dr. L. C. Herchenroeder
5506 So. Broadway.
before 3 P.M.

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
Student Embalmer

Student Embalmer No. _____

Signed *Gustav W. Dietel*

Licensed Embalmer No. *4329*

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.