

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29692**
Registrar's No. **7511**

WED AUG 23 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2109 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) Years | | d. STREET ADDRESS (If rural, give location) 4458a Anderson Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4458a Anderson Ave. | | e. STREET ADDRESS 4458a Anderson Ave. | |

| | | | | | |
|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print) Bertha Kostedt | | | 4. DATE OF DEATH August 5, 1952. | | |
| a. (First) | b. (Middle) | | c. (Last) | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Feb. 10, 1872 | | 9. AGE (In years last birthday) 80 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and State or Foreign Country) Germany 4 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | | | | |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME Fred Gottschall | | 13b. MOTHER'S MAIDEN NAME Katherine Schaum | | 14. NAME OF HUSBAND OR WIFE Deceased | |
| 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 ADDRESS Mrs. J. Schaum, 4458a Anderson Avenue | |

| | | | | | |
|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis | | 10 yrs | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 334X | |

22. I hereby certify that I attended the deceased from **Aug 1, 1944** to **Aug 5, 1952**, that I last saw the deceased alive on **Aug 5, 1952** and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) a. J. Murphy M.D. | | 23b. ADDRESS 4142 N. Newstead | | 23c. DATE SIGNED 8/5/52 | |
| 24a. BUCIAL, CREMATION, REMOVAL (Specify) Bucial | | 24b. DATE 8-8-1952 | | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | |
| | | 24d. LOCATION (City, town, or county) St. Louis, | | 24e. (State) Mo. | |

| | | | | | |
|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. AUG 7 1952 | | REGISTRAR'S SIGNATURE J. C. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E Fair Ave. | |
|--|--|---|--|--|--|

(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Homer W. Trity

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.