

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3652**
Registrar's No. **0065**

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 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 Mo. b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In days) 3 1/3 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION The St. Louis Altenheim | | | d. STREET ADDRESS (If rural, give location) 5408 S. Broadway 0 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Bertha | | b. (Middle) _____ | | c. (Last) Raitz | |
| 4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1953 | | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH June 4 1871 | | 9. AGE (In years last birthday) 81 # UNDER 1 YEAR Months 4 # UNDER 24 HRS. Days 21 Hours _____ Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? USA. | | | | | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 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 John W. Hoerr | |
| 17. ADDRESS 5408 S. Broadway | | | | | |
| 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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of the coronary blood vessels DUE TO (c) hypertensive heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 10 hrs 3 years |
| 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? 420K | |
| 22. I hereby certify that I attended the deceased from Dec 24 , 19 49 , to 1-3 , 19 53 , that I last saw the deceased alive on 12-30 , 19 52 , and that death occurred at 10 A m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Paul Young (Type or Print) Dr. J. Max Starck | | | 23b. ADDRESS 3624 Russell | | 23c. DATE SIGNED 1-3-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 24b. DATE Jan. 5 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | | | | |
| DATE REC'D BY LOCAL REG. JAN 5 1953 | | REGISTRAR'S SIGNATURE J. P. Fendler Jr. | | 25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. | |
| | | | | ADDRESS 7128 Michigan | |

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

Jim

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

Carroll Cochran

Licensed Embalmer No.

3093

P. O. Address

7178 Truckee

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.