

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 30 1953

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| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>341</u> | | Registrar's No. <u>0285</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CLAYTON, Mo.</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>SPANISH LAKE 4010</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSP.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>11814 BELLEFONTAINE RD.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Bertha</u> | | a. (First) | | b. (Middle) <u>Birkle</u> | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 24 1953</u> | | 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>May 19, 1879</u> | | 9. AGE (In years last birthday) <u>73</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>PETER RAMSIER</u> | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH MARQUIS</u> | | 14. NAME OF HUSBAND OR WIFE <u>DECEASED</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NO 44</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Edward J. Birkle</u> | | ADDRESS <u>11814 Bellefontaine</u> | |
| 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) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) (Min.) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>0</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>1-13</u> , 19 <u>53</u> , to <u>1-24</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>53</u> , and that death occurred at <u>2:35 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Charles E. Nichols M.D.</u> | | 23b. ADDRESS <u>6015 Brentwood, Clayton 5, Mo.</u> | | 23c. DATE SIGNED | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>1-27-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>NORMANDY, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-26-53</u> | | REGISTRAR'S SIGNATURE <u>H. R. D...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>MATH. HERMANN & SON</u> | | ADDRESS <u>2161 E. FAIR AVE</u> | |

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.