

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22610

State File No. ....

FILED JUL 6 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 142

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Charles</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>St. Charles</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> |  | c. CITY OR TOWN <u>St. Charles</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hardin Nursing Home</u>                              |  | e. STREET ADDRESS (If rural, give location) <u>220 Madison St.</u>   |   |

|   |            |             |                          |  |
|---|------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>BERTHA</u> | a. (First) | b. (Middle) | c. (Last) <u>HAERTEL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1953</u> |
|---|------------|-------------|--------------------------|--|

|                      |                               |   |  |   |  |   |
|----------------------|-------------------------------|---|--|---|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>November 9, 1867</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> |
|----------------------|-------------------------------|---|--|---|--|---|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|---|--|--|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME <u>Franz Haertel</u> | 13b. MOTHER'S MAIDEN NAME <u>Maria Stumberg</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
|---|---|---|

|   |                                     |   |         |
|---|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Torgerson, Chicago, Ill.</u> | ADDRESS |
|---|-------------------------------------|---|---------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio sclerosis</u><br>DUE TO (c) <u>Senility</u> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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. 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 |
|---|--|---------------------------|

22. I hereby certify that I attended the deceased from June 16, 1953 to June 28, 1953 that I last saw the deceased alive on June 26, 1953 and that death occurred at 11 P m., from the causes and on the date stated above.

|                                   |                             |                               |                                      |
|-----------------------------------|-----------------------------|-------------------------------|--------------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>[Address]</u> | 23c. DATE SIGNED <u>June 29-1953</u> |
|-----------------------------------|-----------------------------|-------------------------------|--------------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 30, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u> |
|---|--------------------------------|---|--|

|  |  |   |                          |
|--|--|---|--------------------------|
| DATE REC'D BY LOCAL REG. <u>June 30 1953</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>[Address]</u> |
|--|--|---|--------------------------|

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

OCT 8 1954

NOV 27 1953

JUN 14 1954

NOV 3 1953

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 ..... Signature of Student Embalmer

Signed *Clarence M. Bell*

Licensed Embalmer No. *4375*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.