

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2853**  
Registrar's No. **0831**

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

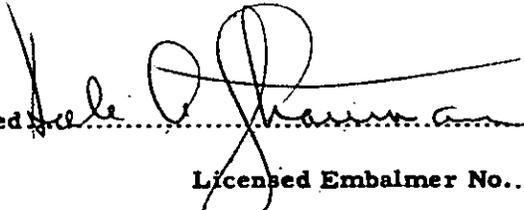
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3517 Lawn Ave.</b>		e. STREET ADDRESS (If rural, give location) <b>14 3517 Lawn Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>BERTHA</b>		a. (First)		b. (Middle) <b>A.</b>	
		c. (Last) <b>HANCE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov. 9, 1870</b>		9. AGE (In years last birthday) <b>83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Frederick Muench</b>		13b. MOTHER'S MAIDEN NAME <b>Florentine Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Late Berry Hance</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Hance</b>		ADDRESS <b>Box 471a Florissant, Mo</b>			
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) <b>Art. Fail. Heart Disease</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Imp. Heart Failure</b>			
		DUE TO (c) <b>Septic Mellituria</b>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Serility</b>			
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) <b>260X</b>	
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 <b>12-17 - 1954</b> , to <b>1-25, 1954</b> , that I last saw the deceased alive on <b>1-23, 1954</b> , and that death occurred at <b>11:00A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert J. Farrell M.D.</b>			23b. ADDRESS <b>624 N. Union</b>		23c. DATE SIGNED <b>1/26/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan. 28, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mill Creek Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Newburg, Mo.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>		ADDRESS <b>4228 S. Kingshighway Bl.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 26 1954</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>		FEDERAL DIRECTOR'S SIGNATURE	

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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 45.....

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