

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED APR 21 1955

State File No. **14206**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **737**

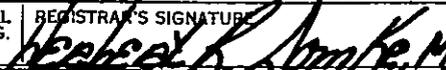
<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b> b. CITY OR TOWN <b>Richmond Heights</b> c. LENGTH OF STAY (in this place township) <b>5 weeks</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>3503 Pennsylvania Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Katherine</b> c. (Last) <b>Berdeaux.</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 30, 1955.</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>May 8, 1887</b>
<b>9. AGE</b> (In years last birthday) <b>67</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Housework</b>
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Edward Freitag</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Johanna Bischoff</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Henry Berdeaux</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Henry Berdeaux, 3503 Pennsylvania Ave.</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Carcinoma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ca of Gall Bladder</b> DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Carcinoma</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>155X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from Jan 22, 1955 to 3-30, 1955, that I last saw the deceased alive on 3-30, 1955, and that death occurred at 7:32 P.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) 		<b>23b. ADDRESS</b> <b>5203 Clay Ave</b>	
		<b>23c. DATE SIGNED</b> <b>3-31-55</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>4/2/55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County, Mo.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>3/31/55</b>	<b>REGISTRAR'S SIGNATURE</b> 	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Reiderwieden F.H., Inc., 1936 St. Louis Av.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

Dr. Raymond T. Martin  
5203 Chippewa St.

*written 4:30 pm*

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. *450* \_\_\_\_\_

P. O. Address *D. Sou* \_\_\_\_\_

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.