

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11770

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 544 Registrar's No. 720

1. PLACE OF DEATH a. COUNTY <b>SAINT LOUIS;</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI;</b> b. COUNTY <b>ST. LOUIS;</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD;</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>AFFTON 4000</b>	
c. LENGTH OF STAY (in this place) <b>2 Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>9524 ARBAN DRIVE;</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>White Oak Convalesent Home.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FREDERICK</b>	b. (Middle) <b>MARTIN HERMAN</b>	c. (Last) <b>BERTRAM</b>	4. DATE OF DEATH	(Month) <b>3</b>	(Day) <b>19</b>	(Year) <b>1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUGUST 5 1873</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED 17 YRS.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SHEET METAL</b>	11. BIRTHPLACE (State or foreign country) <b>SAINT LOUIS, MISSOURI.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>FREDERICK BERTRAM</b>	13b. MOTHER'S MAIDEN NAME <b>Ida OLDENDORPH</b>	14. NAME OF HUSBAND OR WIFE <b>ABIGAIL ROGERS BERTRAM</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRED A. BERTRAM - 14 WHITE HALL COURT.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic glomerular nephritis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>446X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Sept 18, 1933, to Mar 19, 1956 that I last saw the deceased alive on 3-19, 1956, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>4500 W. PINE ST. LOUIS 8</b>	23c. DATE SIGNED <b>3-20-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 22/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY.</b>
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DATE REC'D BY LOCAL REG. <b>3-20-56</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Romberg</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton and Sons</b>	ADDRESS <b>7233 Delmar Blv'd.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 ✓

*Arnold W. Schoen*

Licensed Embalmer No.

*3864*

P. O. Address

*St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.