

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44084

FILED JAN 15 1957

STATE FILE NUMBER 11653

FILED JAN

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hosp.		Length of stay in lb 60 yrs	
3. NAME OF DECEASED (Type or print) Bertha		4. DATE OF DEATH Dec. 19, 1956	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) ab. 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Unk. Young		14. MOTHER'S MAIDEN NAME Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT		Address	
Unk.		Monroe Wexler 7018 Melrose	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thromboses		INTERVAL BETWEEN ONSET AND DEATH 6 months
DUE TO (b)		
DUE TO (c) 332 x F		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Subtrochanteric fracture right hip		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall out of bed at Hamilton Nursing Home	
20c. TIME OF INJURY Hour ? a. m. p. m. 12-10-56		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) Nursing Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis, Missouri
21. I attended the deceased from Dec. 10, 1956 to Dec. 19, 1956 and last saw her alive on Dec. 19, 1956 Death occurred at 7:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Hayward Walker, Jr. M.O.	22b. ADDRESS 216 S. Kingshigh way	22c. DATE SIGNED Dec. 19, 1956
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.	23b. DATE 12/20/56	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson	23d. LOCATION (City, town, or county) (State) University City, Mo.	25. DATE RECD. BY LOCAL REG. DEC 20 1956
26. REGISTRAR'S SIGNATURE J. Carl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

disorders in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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 *Stanley J. De...*  
Licensed Embalmer No. 39

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.