

THE DIVISION OF HEALTH OF MISSOURI 21700-58  
STANDARD CERTIFICATE OF DEATH

58-012707  
State No. 827

FILED MAR 31 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 827

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY OR TOWN <u>Robertson</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. 2 Box 709B</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Randy</u> b. (Middle) <u>William</u> c. (Last) <u>Bertels</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Mar. 18, 1958</u>
9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Normandy, Mo.</u>
13a. FATHER'S NAME <u>Robert Bertels</u>		13b. MOTHER'S MAIDEN NAME <u>Patricia Townsend</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> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert W. Bertels</u> ADDRESS <u>Burgess Ave.</u>
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) <u>Hyaline Membrane Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) <u>unknown - 773-5</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aspiration pneumonia</u>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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) _____	
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 <u>3-18, 1958</u> to <u>3-20, 1958</u> that I last saw the deceased alive on <u>3-20, 1958</u> and that death occurred at <u>3:11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter R. Kochman Doct</u> (Degree or title)		23b. ADDRESS <u>2335 Brown Rd</u>	23c. DATE SIGNED <u>3-20-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL REG. <u>3-22-58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Drake M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baummann Bros. Inc.</u> ADDRESS <u>2504 Woodson Rd., Overland 14, Mo.</u>	

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

40010

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 *David W. Gibson*

Licensed Embalmer No. *20170*

P. O. Address *Portland*

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.