

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007934

FILED VS. MAR. 9 1960

2 2072

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 13 days | c. CITY OR TOWN Wentzville |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 101 East Maple Ave |
| | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|----------------------------------|---|---|--|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | |
| First | Middle | Last | Month | Day | Year | |
| Henry William Bertram | | | Feb. | 19 | 1960 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug 29, 1899 | 9. AGE (last birthday) 60 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Jobber | | 10b. KIND OF BUSINESS OR INDUSTRY Petroleum | 11. BIRTHPLACE (City and state or country) Burksville, Ill. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME William Bertram | | 13b. MOTHER'S MAIDEN NAME Margaret Thurwachter | | 14. NAME OF HUSBAND OR WIFE Frieda C. Vogt | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 487-38-2379 | 17. INFORMANT Frieda C. Bertram | Address 101 East Maple Ave. Wentzville, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | SPONTANEOUS INTRACORTICAL. CLOT. LEFT-HEMISPHERE HYPERTENSION | 10 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | 7 YEAR |
| | DUE TO (c) | 332x |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

21. I attended the deceased from **Feb. 16,** to **Feb 19 1960** last saw her/him alive on **Feb 19, 1960**
Death occurred at **2:15 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE George J. Howkins, Jr. M.D. | (Degree or title) | 22b. ADDRESS 3720 Washington St. St. Louis, Mo. | 22c. DATE SIGNED Feb 22, 1960 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-22-60 | 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery | 23d. LOCATION (City, town, or county) St Louis, Mo. |

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| 24. FUNERAL DIRECTOR T.S. Pitman | ADDRESS 911 Pitman Ave. Wentzville, Mo. | 25. DATE RECD. BY LOCAL REG. FEB 23 1960 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M.S.B.

APR 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.