MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-003265
STATE FILE NUMBER

AMENDED

Registration District No. 910 Primary Registration District No. 3058 Registrar's No. 16

FILED JAN 24 1962

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in Ib: 1 Day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital — Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Lincoln
c. CITY OR TOWN Winfield — Inside Limits: Yes ☐ No #
d. STREET ADDRESS (If outside, give location) Rt. 1 Winfield Mo. — Reside on Farm: Yes # No ☐

3. NAME OF DECEASED (Type or print): First George Middle H. Last Bertels
4. DATE OF DEATH: Month Jan. Day 13 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3)2)1906
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lincoln Mercury
10b. KIND OF BUSINESS OR INDUSTRY: Stock Clerk
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joseph Bertels
13b. MOTHER'S MAIDEN NAME: Mary Bandy
14. NAME OF HUSBAND OR WIFE: Nellie Bertels
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Nellie Bertels Address: Rt. 1 Winfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.) DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombosis, site undtd.
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 23 May 53 to 13 Jan 62 and last saw her/him alive on 2 Jan 62
Death occurred at 5:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. E. Hengen M.D.
22b. ADDRESS: Bridgeton, Mo.
22c. DATE SIGNED: 14 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1)17)62
23c. NAME OF CEMETERY OR CREMATORY: Mount Lebanon Cemetery
23d. LOCATION (City, town, or county) (State): St. Ann, Mo.
24. FUNERAL DIRECTOR ADDRESS: Collier Mortuary, St. Ann, Mo.
25. DATE RECD. BY LOCAL REG.: Jan 14-62
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JAN 25 1962

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann M

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.