

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43540  
Do not use this space.

791  
1003 Registered No. 11790

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. City Hospital No. 1 ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Bertha Mockaitis  
(a) Residence, No. 2748 Arsenal St. 24  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF TONY MOCKAITIS  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5 - 1894  
7. AGE YEARS 43 MONTHS 7 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE.  
9. Industry or business in which work was done, as saw mill, bank, etc. hwk  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Miss.

FATHER  
13. NAME UNKNOWN  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN MI  
MOTHER  
15. MAIDEN NAME UNKNOWN  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN MI

17. INFORMANT Hosp. Info M. Kent  
(ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE ST PETER & PAUL CEM DATE DEC 24 1937  
19. FUNERAL DIRECTOR JOS. P. FENDLER, JR.  
(ADDRESS) 7128 MICHIGAN AV.  
20. FILED DEC 23 1937 J. S. Bredbeck  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/37, 19  
22. I HEREBY CERTIFY, That I attended deceased from 12/19/37, 19... to 12/22/37, 19...  
I last saw her live on 12/22/37, 19... Death is said to have occurred on the date stated above, at 1.03 p.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia (lobar)  
Toxic Psychosis  
Date of onset 108  
Other contributory causes of importance: URI

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? Yes  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19...  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) E. H. Trowbridge Jr., M. D.  
(Address) City Hospital No. 1

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899

1 X12004

STATEMENT BY LICENSED EMBALMER

I, JOS. P. FENDLER JR., Licensed Embalmer No. 925

hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Jos. P. Fendler Jr.  
Licensed Embalmer No. 925

**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.)**