

FEB 12 1938

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

1220
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital** o.l. Registered No. **1076**
(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 Randall 534
(a) Residence, No. **4138 Nebraska** 13 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **single**
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 6th - 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 **9** **22**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)..... **Texas** 1
(STATE OR COUNTRY)

13. NAME **Unknown** 4

14. BIRTHPLACE (CITY OR TOWN)..... **Unknown** 1
(STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN)..... **Unknown**
(STATE OR COUNTRY)

17. INFORMANT **Hosp. Info M. Kent**
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE **New Picker** DATE **Jan. 31th.** 19 **38**

19. FUNERAL DIRECTOR **Wacker-Helderle**
(ADDRESS) **2331 S. Broadway**

20. FILED **JAN 29 1938**
J. Predeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/28/38** 19

22. I HEREBY CERTIFY that I attended deceased from **1/26/38** to **1/28/38**, 19

I last saw **her** alive on **1/28/38**, 19. Death is said

to have occurred on the date stated above, at **2.02 p**
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic heart disease
Myocardial Insufficiency
Diabetes mellitus
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

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) **Dr. Maxwell** 1, M. D.
(Address) **City Hospital** o.l.

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

STATEMENT BY LICENSED EMBALMER

I, Robert C. Wheeler, Licensed Embalmer No. 2128

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

L. E.

No. 2128 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Robert C. Wheeler

Licensed Embalmer No. 2128

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.)