

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.

REC'D APR 1 1938

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

8802
Do not use this space.

791
1003

Registered No. 2391

1. PLACE OF DEATH
(a) County
(b) Township
(c) City Saint Louis, Missouri (d) Street No. 3529a Giles Ave. 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 Louise K. Bertsch 632
(a) Residence, No. 3529a Giles Ave. St. 16
(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) Single.		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26th. 1883.</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54	9	12	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	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) <u>Saint Louis, Missouri.</u>				
FATHER	13. NAME <u>Anton Bertsch 0</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 6</u>			
MOTHER	15. MAIDEN NAME <u>Anna Haas 6</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Michael J. Walsh</u> (ADDRESS) <u>3529a Giles Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Churchyard</u> DATE <u>March 11th 38</u>				
19. FUNERAL DIRECTOR <u>Zigouheim Bros.</u> (ADDRESS) <u>2623 Cherokee Street.</u>				
20. FILED <u>MAR 10 1938</u> <u>J. P. Brudick</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 8th, 1938.</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 7, 1935</u> to <u>March 1938</u> , 19... I last saw her alive on <u>March 7, 1938</u> . Death is said to have occurred on the date stated above, at <u>11:40 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Myocarditis & Chronic Bronchial Asthma</u> Date of onset <u>10 years ago</u>	
Other contributory causes of importance: <u>Chronic Nephritis & Edema</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
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 <u>no</u> (Signed) <u>Henry P. Gaul</u> M. D. (Address) <u>2905 Cherokee St.</u>	

STATEMENT BY LICENSED EMBALMER

I, William Ziegenhein., Licensed Embalmer No. 51004.

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

L. E.

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

working under my personal supervision.

Signed

Wm Ziegenhein

Licensed Embalmer No. 51004.

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.)