

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38365  
10204  
Registrar's No. \_\_\_\_\_

DEC 19 1939

Registration District No. 201

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County 1003 2  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4835 Germania St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community About 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County 1  
(c) City or town St. Louis 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4835 Germania  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 years. years.

3. (a) PRINT FULL NAME Bertha Urich 620

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eberhard 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 12, 1888.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 8 16 hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Valentine Goldbach

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eberhard Urich

(b) Address 4835 Germania

17. (a) Burial (b) Date thereof Nov 20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director John E. Ziegenhant

(b) Address 7027 Gravois Ave

19. (a) NOV 30 1939 (b) J. W. Bredsch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28<sup>th</sup> day Nov  
year 1939 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 9  
1939, to Nov 28, 1939;

that I last saw h. et alive on Nov 27, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart Duration 4 yrs

Due to Hyperthyroidism 6 yrs

Due to W.D.

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Robert Hengeman (M. D. or other) \_\_\_\_\_

Address Sappington Mo Date signed 11/24/39

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clarence P. Kidwell  
Licensed Embalmer No. 3877  
P. O. Address 6937 3 Travis

**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 this body is not embalmed, above space should be left blank.**