

JAN 12 1940

791

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

11161

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: St. Anthony  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 da.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson  
(c) City or town Lare  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha Francis Beckler  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex female  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased Jan. 11 1892  
(Month) (Day) (Year)

8. AGE: Years 47 Months 11 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_  
12. Name Huskey  
13. Birthplace Morse Hill Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Wilson  
15. Birthplace Morse Hill Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edw Beckler  
(b) Address Hillebrand RR 42

17. (a) burial (b) Date thereof Dec. 31  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Glade Chapel

18. (a) Signature of funeral director Donnell R. Dutton  
(b) Address W. L. Dutton, 715  
19. (a) DEC 29 1939 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28  
year 1939 hour 12 minute 20 A.M.  
21. I hereby certify that I attended the deceased from Dec  
of 1939, 1939 to Dec 28, 1939  
that I last saw him alive on Dec 27, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
Duration 6 day

Due to Chronic Interstitial Nephritis  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

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

23. Signature A. L. Keutel (M. D. or other)  
Address 3606 Linn Date signed 12/28/39

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.

**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.....

Wallace N. Fitch..... Registered Apprentice No.....  
working under my personal supervision.

Signed Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address St. Louis.....

**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.**