

No. 2-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43783

State File No. _____

FILED JAN 8 1940
Registration District No. 104

Primary Registration District No. 101

Registrar's No. 2487

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Florissant
(If outside city or town limits, write "RURAL")

(d) Street No. Utz rd. near Highway #66
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Bertha Bratz

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
year 1940 hour 10 minute 30 A. M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Bratz 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased July 8 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-28-40
_____, 19____, to 12-30-40, 19____;
that I last saw her alive on 12-30-40, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>22</u>	hr. _____ min.

Immediate cause of death
Cardiac decompensation 2 days

Due to Rt. pleural effusion days

Due to Undetermined

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

10. Usual occupation housewife

11. Industry or business 6

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5/5/12

Of autopsy _____

MOTHER FATHER { 12. Name Frank Schill

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

14. Maiden name Theresa Binkert

15. Birthplace Quincy Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Bratz

(b) Address Bridgeton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Ce.

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)

18. (a) Signature of funeral director J. H. Becker
(Name and address)

(b) Address 2842 Meramec St.

19. (a) DEC 21 1940 (b) R. Meyer
(Date received local registration) (Registrar's signature)

While at work? _____ (e) Means of injury _____

23. Signature L. Kinnick (M. D. or other) _____
Address Co. Hwy. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.