. No. 2
-4-13-40
5-17-39
I X23159

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4298

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 257

96
13
1

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8721 Burton Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 8721 Burton Ave. (If rural, give location)

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

96
13
1

3. (a) PRINT FULL NAME BERTHA M. DACHROTH.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward Dachroth.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased March 18, 1888. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	10	13	hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

FATHER
12. Name Theo. Christen.
13. Birthplace ? (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Margaret Bennett.
15. Birthplace Dayton, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Miss Eilzabeth Christen.

(b) Address 8721 Burton Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 2-3-1941. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) FEB - 3 1941 (Date received local registrar) (b) T R Meyer M D D P (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st. year 1941. hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from May, 1937, to Feb 5, 1941, that I last saw her alive on Feb 5, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	?
Due to: Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

94 W

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? no. (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm K Weber (M. D. or other) M.D.

Address 1506 Hodiamont Date signed 2/2/41.

(Licensed Embalmer's Statement on Reverse Side)

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 5454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.