

No. 2
4-13-40
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X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MAILED MAY 13 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13185

Registrar's No. 3615

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Anthony's Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 5008 Newport Ave.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Abbie Bertram

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 Fred Bertram 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 1st 1879

8. AGE: Years 61 Months 9 Days 24

9. Birthplace Summer Ill.

10. Usual occupation Housewife

11. Industry or business

12. Name Alexander Rogers
13. Birthplace Canada
14. Maiden name
15. Birthplace Virginia

16. (a) Informant Fred Bertram
(b) Address 5008 Newport Ave.

17. (a) Burial (b) Date thereof 4-28-41
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 28 1941 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th
year 1941 hour 1:15 minute P.M.

21. I hereby certify that I attended the deceased from May 18, 1941 to April 25, 1941
that I last saw her alive on April 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage - Respiratory paralysis 30 hrs

Due to hypertension Arteriosclerosis

Due to

Other conditions

Major findings: Of operations

Of autopsy

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?
(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 J. P. Dean (M. D. or other)
Address 640 S. Kingshighway Date signed 4-26-41

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

MOTHER FATHER

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 *Remond J. LaBour*

Licensed Embalmer No. 3395

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.