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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20074**
Registrar's No. **4886**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1824 N. 21st St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **about 35 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **207**
1824 (If outside city or town limits, write "RURAL") **9**
(d) Street No. **2418 N. 21th St**
(If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Bertha B. French**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **498-09-4382**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **11**
year **1941** hour **8:00** minute **A** M.
21. I hereby certify that I attended the deceased from **Apr 6**
1941 to **June 11**, 19**41**;
that I last saw her alive on **June 11**, 19**41**;
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **divorced**
6. (b) Name of husband or wife **Wm. French**
6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Apr. 18,** **1886**
(Month) (Day) (Year)

Immediate cause of death
Chr endocarditis
Chr parenchy matous nephritis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **1/21**

8. AGE: Years Months Days If less than one day
55 **1** **23** hr. min.

9. Birthplace **unknown** **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **seamstress**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Esther French**
(b) Address **1824 N. 21th St**

17. (a) **burial** (b) Date thereof **June 14, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calyary Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **2228 St. Louis Ave**

19. (a) **JUN 13 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature **T. Delandrey** (M. D. or other) **MD**
Address **2000 29th** Date signed **6/13/41**

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

Charles J. Goodrich

Licensed Embalmer No. 2777

P. O. Address

St Louis Mo

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.