

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 9 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29917
Registrar's No. 7256

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis 19 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4319 The Pherson 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Katherine Pritchard

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 12 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 56 11 22 hr. min.

9. Birthplace Montgomery Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. H. Pritchard
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Jane Crawford
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle Jacoby

(b) Address 612 W. Carpenter Moberly Mo

17. (a) Burial (b) Date thereof 9-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cem, Moberly Mo

18. (a) Signature of funeral director Al. Mahan

(b) Address Moberly Mo

19. SEP 8 1941 (b) J. Bredbeck
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4,
year 1941 hour 1:25 minute P. M.

21. I hereby certify that I attended the deceased from September 3,
1941 to September 4, 1941;
that I last saw her alive on September 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death After
Congenital Heart Disease
Rheumatic Heart Disease
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 958

Major findings: Of operations _____
Of autopsy above

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)
(c) Means of injury _____
23. Signature J. Bredbeck (M.D. or other)
Address 2515 Lafayette Ave. Date signed 9/11/41

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

7256
7256

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..... *John Ketter*

Licensed Embalmer No..... *3880*

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.