

DEC 22 1941 791

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
5343 Mardel 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)

3. (a) PRINT FULL NAME Bertha Arning

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. Divorced

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased. Sept. 14th 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 17 If less than one day hr. min.

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business

MOTHER FATHER { 12. Name Unknown Fitzmaurice /
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Campbell
(b) Address 5343 Mardel Ave.

17. (a) Burial (b) Date thereof. 11-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

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

19. (a) NOV 3 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5343 Mardel Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct. day 31st
year 1941 hour 9:15 minute A.M.

21. I hereby certify that I attended the deceased from June 18 to Oct 30, 1941,
that I last saw her alive on Oct 30, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death mitral insufficiency
Enlarge Heart
& vessels. Duration yes

Due to.....
Due to chr. int. nephritis ?

Other conditions (Include pregnancy within 3 months of death)

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?
(Specify type of place)..... While at work?..... (Specify type of place)..... Means of injury.....

23. Signature J. J. Bredeck (M. D. or other).....
Address 18030 Westlawn Date signed 11-1-41

Revised

*Mr. Eugene
1801 (State) 332
La 0244
10-12 after 7 PM*

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 *Eduard M. Herriott*

Licensed Embalmer No. *3024*

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.