

No. 2  
1-4-41  
1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36743

State File No. ....

DEC 22 1941

Registrar's No. **8973**

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:  
4510 No. 19 Str  
(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 FLURI

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 Peter Paul Fluri  
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April 12, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 6 29 hr. .... min.

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

10. Usual occupation At Home

11. Industry or business .....

12. Name Henry Smith

13. Birthplace France  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Brundis

(b) Address 4510 No. 19 Str.

17. (a) Burial (b) Date thereof 11/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director J. J. Brudick  
(b) Address 2117 E. Grand Blvd.

19. (a) Nov 13 1941 (b) J. J. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 061  
(c) City or town St. Louis 112  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4510 N. 19 Str.  
(If rural, give location) 1  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 5  
32 to Nov 11 1941  
that I last saw her alive on Nov. 10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to .....  
APC

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)  
Due to .....  
Due to .....

Major findings:  
Of operations APC  
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? ..... (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? .....

23. Signature J. J. Brudick (M. D. or other)  
Address 38250 9th St. St. L. Date signed 11/14/41

Duration  
Several  
years  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*Dr. Helen Miller*  
*907 Keweenaw*

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**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 *Frank C. Moore*  
Licensed Embalmer No. *3041*  
P. O. Address *2117 E. 8th*

**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.**