

GL 9087
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 1003

State File No.
 Registrar's No.

FILED FEB 27 1942
 Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:
 (a) County
 (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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1515 Hampton
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Bertha Connery
 3. (b) If veteran, name war 3. (c) Social Security No.
 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 years
 7. Birth date of deceased May 19, 1879
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 11, year 1942 hour 12:45 minute P.M.
 21. I hereby certify that I attended the deceased from January 7, 1942 to January 11, 1942
 that I last saw h...er alive on January 11, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	62	7	22	hr. min.

Immediate cause of death:
arteriosclerotic heart disease
Diabetes mellitus
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework
 11. Industry or business
 12. Name John Rickert
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Sophie Scheffel
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Duration
 19

MOTHER FATHER
 16. (a) Informant Hattie Koch
 (b) Address 6629 Drexel, Chicago, Ill
 17. (a) Burial (b) Date thereof 1/12/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethany
 18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester
 19. (a) JAN 12 1942 (b) J. F. Bradock
 (Date received local registrar) (Registrar's signature)

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 Dwight P. ... (Date) 1/12/42
 Address 1515 Lafayette Ave. Date signed

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

FEB 26 1942

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *Worshiping Eynck*

Licensed Embalmer No. *1284*

P. O. Address..... *St Louis 1940*

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.