S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11906

Registration District No. 184 — Primary Registration District No. 200 — Registrar's No. 774

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Coeur (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ballas Road 1 (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) 72 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Creve Coeur 9% (If outside city or town limits, write "RURAL")

(d) Street No. Ballas Road 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME BERTHA BULLER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Sep. (Month) 5 (Day) 1869 (Year)

8. AGE: Years 72 Months 6 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Creve Coeur (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House work

11. Industry or business At home

FATHER
12. Name Fred Wierberg
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Margaret Reichenbacher
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant William Buller Sr.

(b) Address Ballas Rd Creve Coeur Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-42 (Month) (Day) (Year)

(c) Place: burial or cremation Ev. St Pauls Cemetery

18. (a) Signature of funeral director Baumann Brothers Inc

(b) Address 2504 Woodson Creve Coeur Mo

19. (a) APR 7 1942 (Date received local registrar) (b) C G McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 4 year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/18/42, 19..., to 4/4, 1942 that I last saw her alive on 4/4/42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver

Due to

Due to

Other conditions None. (Include pregnancy within 3 months of death)

Major findings: Of operations None.

Of autopsy

Duration

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? (e) Means of injury 0

23. Signature Chas. Wolff (M. D. or other)

Address 7403 Manchester Date signed 4/6/42

707

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland 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.