

FILED MAR 31 1942

Registration District No. 1784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: OZARK NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 96

(c) City or town MANCHESTER
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME BERTHA WASHBURN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1942 hour 6:30 minute A M.

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

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/15 1941 to date 1942
that I last saw W alive on March 13 1942
and that death occurred on the date and hour stated above.

8. AGE: Years about 60 Months 1/2 Days..... If less than one day hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation.....

Immediate cause of death myocarditis

Due to Senility - arteriosclerosis

Due to 932

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

11. Industry or business.....

MOTHER FATHER { 12. Name Don't know

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

14. Maiden name Don't know

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

Major findings: Of operations.....

Of autopsy.....

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

16. (a) Informant MRS. IDA FULLER
(b) Address 5009 DAVIDSON

17. (a) BURIAL (b) Date thereof 3-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director SULLIVAN BROS
(b) Address 2849 N. Euclid Ave

19. (a) MAR 16 1942 (b) E. J. McLaughlin
(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 Clara M. Seibert (M. D. or other).....
Address Valley Park Date signed 3/14/42

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

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address St Louis 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.