

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14258

State File No.

Registration District No.

Primary Registration District No. 3016

Registrar's No. 40

1. PLACE OF DEATH

(a) County Franklin

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

(c) Name of hospital or institution 521 Jefferson St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay In hospital or institution. no. (Specify whether)

In this community 6.3 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington 36
(If outside city or town limits, write "RURAL")

(d) Street No. 521 Jefferson St., 1 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country C.

3. (a) PRINT FULL NAME MARY ANNA BERTELS

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1942 hour 4:30 minute P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Hubert Bertels

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 29 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 3 1942 to April 22 1942
that I last saw her alive on April 21 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

62 8 23 br. min.

Immediate cause of death Myocarditis, Chronic 2 years

Duration

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

Due to

Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

gnd

11. Industry or business Own Home

Major findings: Of operations

12. Name Joe Meyer

Of autopsy

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

14. Maiden name Mary Kopp

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

16. (a) Informant Hubert Bertels

(b) Address Washington, Missouri

17. (a) Rural (b) Date thereof April 25 1942
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Hubert Bertels, Inc.

(b) Address Washington, Missouri

19. (a) April 23 42 (b) Lucille Ruetter
(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) (a) Means of injury

23. Signature Frank V. Mays (M. D. or other) MD
Address 371 9th St., Washington, Mo. Date signed 4-22-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36
6
2

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 Me
Lester A. Pitt, Registered Apprentice No. _____
working under my personal supervision.

Signed Lester A. Pitt
Licensed Embalmer No. 3254
P. O. Address Washington, 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.