

FILED DEC 11 1942

Registration District No. 318

Primary Registration District No. 1003

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

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:  
Bethesda Hospital  
(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)

In this community.....  
(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. 3666 Wyoming Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Ella M. Bertram

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

4. Sex Male 5. Color or race White 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: April 20th 1870  
(Month) (Day) (Year)

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

72	7	8	hr. min.
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9. Birthplace Fults Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Silas Clark

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

14. Maiden name Elizabeth Miller

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

16. (a) Informant Gilda Miller

(b) Address 3666 Wyoming Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-30-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Renault, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Bldg.

19. (a) DEC (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28 year 1942 hour 12:10 minute 8 M.

21. I hereby certify that I attended the deceased from Nov 8 1942 to Nov 28 1942  
that I last saw him alive on Nov 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to Cholecytitis

Other conditions (include pregnancy within 3 months of death) 12/1

Major findings: Of operations Gall Stones

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Phew Stewart (M. D. or other).....  
Address Julia Bldg Office Date signed 11-28-42

6000T

6000T

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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 J. G. Sullivan  
Licensed Embalmer No. 1122  
P. O. Address City

**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.**