

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 7 1942

Registration District No. 212

Primary Registration District No. 1003

Registrar's No. 9890

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6634 Fyler Ave. /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6634 Fyler Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Bertha E. Luther,

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed.

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

7. Birth date of deceased September 22nd, 1870.
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-Wife.

11. Industry or business _____

12. Name Henry Frisch.

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name AUGUSTA KOCH

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Olga J. Luther

(b) Address 6634 Fyler Ave.

17. (a) Burial (b) Date thereof Nov. 28, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director Legenhein Bros.

(b) Address 6409 Gravois Ave.

19. (a) NOV 21 1942 (b) J. F. Boudak
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th,
year 1942. hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from November 26, 1942 to November 26, 1942.
that I last saw h. a alive on November 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Cerebrum of L. Lung

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Durant Professor (M. D. or other) MD
Address 7430 Virginia Ave Date signed 11/27/42

Duration

4 minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

72-1000

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 Judith W. Ziegenhein
Licensed Embalmer No. 2370
P. O. Address 6209 Lewis

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.