

SEP 11 1943 3 17
Registration District No. _____

Primary Registration District No. 3070

Registrar's No. 2013

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
425 N BERRY RD 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 63 XRS (Specify whether
years, months or days)

3. (a) PRINT FULL NAME BERTHA LOHSE BIEST

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DECEMBER-1st 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 | 9 | 1 | - hr. - min.

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name FRANK LOHSE 4
13. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name ADELE BAUSER
15. Birthplace UNKNOWN GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Anna J. Lively

(b) Address 57 Lake Forest

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 4 1943
(Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES, MO.

19. (a) SEP 8 - 1943 (Date received local registrar) (b) C. S. McGarran (Registrar's signature) F.S.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")
(d) Street No. 425 NORTH BERRY RD. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1943 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from May 21, 1943 to Sept 2, 1943
that I last saw h. alive on Sept 2, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Greenian Phlebitis - Right leg
Due to Diabetes Mellitus
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 61
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 Victor S. Sulac (M. D. or other) MD.
Address 2202 University St. Date signed 9-5-43

Duration

3 days
6 weeks

Physician

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

G. G. Aldrich

Licensed Embalmer No.....

1382

P. O. Address.....

Debilier Groves

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.