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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 30438 8620

Registrar's No.

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: 5323 Chippewa Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 14 ...
(If outside city or town limits, write "RURAL")

(d) Street No. 5323 Chippewa Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. BERTHA STOERK

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Stoerk

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

7. Birth date of deceased August 6th, 1866
(Month) (Day) (Year)

8. AGE: Years 77 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Baden Baden, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Blasius Werle
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Unser
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Stoerk
(b) Address 5323 Chippewa St

17. (a) Burial (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul Cem

18. (a) Signature of funeral director Beiderwieden F.H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) SEP 30 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 19, 1941, to Sept 24, 1943;
that I last saw her alive on Sept. 28, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic

Due to Nephritis, Chronic Interstitial

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Erwin G Baehr (M.D. or other)

Address 5441 Bates St. Date signed Sept 29/43

(Licensed Embalmer's Statement on Reverse Side)

(Dr. E. G. Bachr
5441 Bates

- 11 a.m.
4-8 P.M.

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.