

FILED NOV 1 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9347

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5373 Odell 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 17
(c) City or town St. Louis
(d) Street No. 5373 Odell
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Bert

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, Widowed

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

7. Birth date of deceased March 2, 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 7 21 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Peyrarn ?

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

14. Maiden name Margaret Talnom

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

16. (a) Informant Clement Bert

(b) Address 1360 Louisville

17. (a) Burial (b) Date thereof 10/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Edith E. Ambrose

(b) Address 4234 Manchester

19. (a) OCT 25 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 23
1943 year 12.40A.M. day hour minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of spine
suffered when she fell down
a flight of Egyptian wooden
steps leading from second
to first floor of her home
Due to _____
Due to on 10-22-43

Other conditions (Include pregnancy within 3 months of death) 18 10

Major findings:
Of operations _____

Of autopsy _____

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) Accident AAA
(b) Date of occurrence 10-22-43
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

White at work? _____ (Specify type of place) (e) Means of injury fall

23. Signature Thomas F. Collins (M. D. or other)
Address Deputy Coroner Date signed 10-25-43

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..... *Florny Eymek*
Licensed Embalmer No. *1284*
P. O. Address *St Louis 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.