

FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36137

Registration District No.

Primary Registration District No.

Registrar's No. 9874

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 days (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days) 0

3. (a) PRINT FULL NAME Margaret Kathleen Bertram  
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 Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. April 14, 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 6 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. Rutlege, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation School teacher

11. Industry or business Amboy, Ill. Public School

MOTHER FATHER { 12. Name John Orville Bertram  
13. Birthplace Rutlege, Mo. (City, town, or county) (State or foreign country) 0  
14. Maiden name Vida Ethel Fogue  
15. Birthplace Rutlege, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Carl H. Berkley,

(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 11/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rutlege, Mo.

18. (a) Signature of funeral director Robert J. Ambruster.

(b) Address Clayton Rd. Cat. Concordia La.

19. (a) NOV 11 1943 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lewis <sup>056</sup>  
(c) City or town Canton <sup>7 R 1</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11  
year 1943 hour 12 minute A.M.

21. I hereby certify that I attended the deceased from October 6, 1943, to November 11, 1943;  
that I last saw her alive on November 11, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Bronchial

Due to Post complications of Lobectomy

Due to Bronchitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Bronchiectasis  
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? \_\_\_\_\_

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

Signature M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 11/14/43

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

11709

NOV 24 1948

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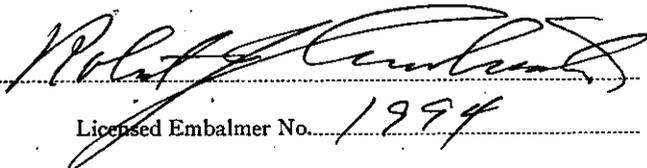
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**STATEMENT BY LICENSED EMBALMER**

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..... 

Licensed Embalmer No. 1994

P. O. Address.....

**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.**