

FILED FEB 18 1944  
Registration District No. **378**

Primary Registration District No. **1003**

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

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:  
**36434 Easton Ave 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

3. (a) PRINT FULL NAME **BERTHA DOBELL**

3. (b) If veteran, name war **None**  
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  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased **abt 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**abt 74** hr. min.

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

10. Usual occupation **ret**

11. Industry or business

12. Name **ret**

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

14. Maiden name **ret**

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

16. (a) Informant **Chas Wells**

(b) Address **36296 Easton**

17. (a) **BURIAL** (b) Date thereof **2-8-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **William J Kelly**

(b) Address **4386 Finckell St**

19. (a) **FEB 7 1944** (b) **J. J. Bredack**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**  
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL")  
(d) Street No. **36434 Easton** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **3rd**  
year **1944** hour **3** minute **50 P** M.

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

Immediate cause of death **Cerebral apoplexy** Duration  
**8 1/2**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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)  
(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 **3**

23. Signature **Albert Henry** (M. D. or other)  
Address **ret** Date signed **2/7/44**

**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.....

*James A. Lammers*

Licensed Embalmer No. ....

*4142*

P. O. Address.....

*St. Louis*

**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.**