

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13249**

FILED APR 26 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3552**

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:
4141 Michigan Ave.,
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Bertha Repohl,

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 Married

6. (b) Name of husband or wife Frederick Repohl 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased November 13, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name George Schaller,

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

14. Maiden name Margaret Holdener,

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

16. (a) Informant Frederick Repohl,
(b) Address 4141 Michigan Ave.,

17. (a) Burial, (b) Date thereof 4/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director William - P. ...
(b) Address 2842 Meramec St.,

19. (a) APR 18 1944 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

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

(d) Street No. 4141 Michigan Ave.,
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 7: minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb - 2
1943, to April 15 1944
that I last saw her alive on April 15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular-Renal Disease

Due to Usual.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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 J. F. ... (M. D. or other) MB
Address 1504 So. Grand Blvd Date signed 4/17/44

Duration 5 yrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

2842 Meramec St.,

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.