

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

FILED JUN 1 1944

318

Primary Registration District No. 1003

State File No.

Registrar's No. 4694

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4631 Anderson Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4631 Anderson Ave
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emil Bertschi

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Bertschi nee Lutz 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased January 8, 1864
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 12 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Marie Bertschi

(b) Address 4631 Anderson Ave

17. (a) Burial (b) Date thereof 5/22/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAY 22 1944 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 20th
year 1944 hour 7:00 AM minute 00 M.

21. I hereby certify that I attended the deceased from June 1, 1944 to May 20, 1944
that I last saw him alive on May 19, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic Myocarditis
Mitral Insufficiency
Due to Chronic Bright's
Arterio Sclerosis
Due to Hypertension
Carcinoma of Prostate

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 51

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 Means of injury

23. Signature Robert O. McElvain (M. D. or other) M.D.
Address 4356 Trarane Date signed 5/20/44

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 *Wilfred J. Burnley*
Licensed Embalmer No. *4202*
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.