

S. No. 2
OM-5
v. 5-17-39
I X36671

7502

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 6 1945

2823

Registration District No.

818

Primary Registration District No.

1003

Registrar's No.

2823

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:
306th Market St 1
(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 Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL" _____)
(d) Street No. 306th Market St 25
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

William Bertman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male

5. Color or race Wht.

6. (a) Single, widowed, married? Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased abt

(Month)

(Day)

1866
(Year)

8. AGE:

Years

Months

Days

If less than one day

abt

79

hr. min.

9. Birthplace _____

(City, town, or county)

Belgium
(State or foreign country)

10. Usual occupation

Pensioner

11. Industry or business _____

12. Name

Unknown

13. Birthplace

(City, town, or county)

9
(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

(City, town, or county)

9
(State or foreign country)

16. (a) Informant

Thomas J. Callahan

(b) Address

1300 East 3-21-45

17. (a)

Anatomical Board

(b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation

Washington

18. (a) Signature of funeral director

W. K. Rutger

(b) Address

3529 Rutger St

19. (a)

MAR 29 1945
(Date of local registration)

J. F. Brudek
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1945 hour 3 minute 39 P.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

Coronary Sclerosis
Arterid Sclerosis

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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?

(Specify type of place)

23. Signature Alfred Gerry (M. D. or other)
Address Deputy Date signed 3/15/45

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

81
00
17
9

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.....

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.