

S. No. 2
DM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35182**

FILED NOV 20 1945

Registration District No. **848** Primary Registration District No. **1003** Registrar's No. **9931**

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:
5106a North Broadway /
(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..... years, months or days)

3. (a) PRINT FULL NAME **Bertha V. Dentsbier**

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..... **Married**

6. (b) Name of husband or wife..... **Not mentioned**

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

7. Birth date of deceased..... **December 13, 1905**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	11	4 hr. min.

9. Birthplace..... **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At home**

11. Industry or business.....

MOTHER FATHER

12. Name..... **William I. Stewart**

13. Birthplace..... **Unknown Ills. /**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Sarah E. Middleton**

15. Birthplace..... **Unknown Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Miss Helen Dentsbier**

(b) Address..... **5106a N. Broadway**

17. (a) **Burial** (b) Date thereof..... **11/21/45**
(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) **NOV 19 1945** (b) **J. Brebeck**
(Date received local registrar) (Registrar's signature)

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..... **5106a N. Broadway**
(If rural, give location)

(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **17,** year **1945** hour **2:00 AM** minute **45** A.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..... **Shotgun Wound**
lung and liver inflicted with gun in the hands of one George Dalsbier in the home 5106-a N. Broadway W. Mo. 5145-4th
Due to..... **Nov. 17, 1945**

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)..... **Homicide**

(b) Date of occurrence..... **Nov. 17, 1945**

(c) Where did injury occur?..... **St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **None**

While at work?..... (Specify type of place)
(e) Means of injury..... **As Above**

23. Signature..... **John E. ...** (M.D., mother)

Date signed..... **11/19/45**

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

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 *Gustav W Dietrich*

Licensed Embalmer No. *4329*

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.