

S. No. 2
M-5-43
7-5-17-39
P. I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

14511

FILED APR 24 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3445

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: 4008 Dryden Ave.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
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. 4008 Dryden Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Bertelsmeyer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thersia Habicht Bertelsmeyer 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July 19 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Chauffeur

11. Industry or business _____

MOTHER FATHER { 12. Name John Bertelsmeyer

13. Birthplace Germany
(State or foreign country)

14. Maiden name Klara Brumenkamp

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

16. (a) Informant Thersia Bertelsmeyer

(b) Address 4008 Dryden Ave.

17. (a) Burial (b) Date thereof 4/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial Friedens Beer

18. (a) Signature of funeral director Sgroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) APR 15 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1946 hour 11:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 6, 1946, to April 17, 1946
that I last saw him alive on April 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Heart Failure

Due to _____

Due to _____

Other conditions Central Insufficiency
(Include pregnancy within 3 months of death)

Duration 3 mos. according to history valvular condition

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 _____ Means of injury _____

23. Signature Halter J. Mellie (M. D. or other) _____

Address 3825 N. 20th St Date signed 4/13/46

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

Paul C. Hoffman

Licensed Embalmer No. *4366*

P. O. Address *Marion, 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.