

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

4954

FILED JUN 13 1946

Registration District No. 318

Primary Registration District No. 1003

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:
Mo. BAPTIST HOSP O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 95
(c) City or town ST. GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. RR #2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLIVE E. BERGTHOLDT

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife DAVID A. 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased MAY 2-1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 28 If less than one day hr. min.

9. Birthplace MARCUS IA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation H.W.

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN ZINK
13. Birthplace ILLIS 1
(City, town, or county) (State or foreign country)
14. Maiden name WINK
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant David A. Bergtholdt
(b) Address St. Genevieve, Mo.

17. (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles City

18. (a) Signature of funeral director Louis H. Bopp, Inc
(b) Address Clayton Mo.

19. (a) JUN 3 1946 (b) J. F. Breneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1946 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from May 27, 1946 to May 30, 1946
that I last saw her alive on May 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Cirrhosis of Liver

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1/2 H

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? _____
(e) Means of injury _____ (Specify type of place)
While at work? _____
23. Signature J. F. Breneck (M. D. or other) _____
Address 508 N. Grand Blvd. Date signed 5/31/46

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

0-10-11 11:30

A 11 10

S A

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kaewood 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.