

U. S. No. 2
FORM--2-43
Rev. 5-17-39
PI X35697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 3 1947
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5961
Registrar's No. 1871

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3008 Louisiana Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3008 Louisiana Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Appelbaum
(b) If veteran, name war None
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 23rd
year 1947 hour 6:50 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
(b) Name of husband or wife Late Herman
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 23 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 20 Feb
1947, to 23 Feb, 1947
that I last saw her alive on 22 Feb, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration 2 1/2 hr

8. AGE: Years Months Days If less than one day
81 2 0 hr. _____ min.

Due to Arteriosclerosis
Due to Hypertension
Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Edwardsville Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Major findings:
Of operations none
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Nicholas Hess
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Regina Schmid
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Appelbaum
(b) Address 3008 Louisiana Ave.
17. (a) Burial (b) Date thereof. 2 25 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old SS Peter & Paul Cem
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) FEB 24 1947 (b) J. F. Bulech
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Charles A. Hester (M. D. or other) _____
Address 500 S. Compton Date signed 24 Feb

(Licensed Embalmer's Statement on Reverse Side)

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..... *William B White*

Licensed Embalmer No..... *4291*

P. O. Address..... *4228 Le King Highway*

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.