

FILED MAR 11 1948
Registration District No. _____

Primary Registration District No. 1003

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

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: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 1333 Goodfellow Avenue. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Bertha M. Close.

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 Joseph F. Close. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 28, 1879.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Germany.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ludwig Knaffla.

13. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Marie Hesse.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Stewart.

(b) Address 1333 Goodfellow Avenue.

17. (a) Burial (b) Date thereof 2-25-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) FEB 25 1947 (b) J. F. Breeseck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 1333 Goodfellow Avenue. 9
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd.
year 1947 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1/11/47 to 2/22/47
that I last saw alive on 2/22/47
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrest
chronic

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work None (Specify type of place) (e) Means of injury _____

23. Signature James D. Park (M. D. or other) MD
Address 6725 Park Date signed 2/24/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Dr. Pierce J. Reilly.
5970 Plymouth Avenue.
Hours 10 to 11 A.M.
Cabanny 5187

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: *Ronald O. Yehake*.....

Licensed Embalmer No. *2917*.....

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.