No. 2
1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35521

FILED NOV 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9916

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

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 3134a Winnebago
(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 oae

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3134a Winnebago 9
(If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BERTHA C. BOEDGES

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Late Bernard

6. (c) Age of husband or wife if alive 1886 years

7. Birth date of deceased Dec. 29 (Month) ~~19~~ (Day) ~~1887~~ (Year)

8. AGE: Years 60 ~~59~~ Months 9 ~~10~~ Days 27 ~~7~~ If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Henry Thole 4

13. Birthplace (City, town, or county) Germany (State or foreign country) 1

14. Maiden name Marie Jansen

15. Birthplace (City, town, or county) U.S.A. (State or foreign country) 1

16. (a) Informant James B. Boedges

(b) Address 3134a Winnebago

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-47 (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) OCT 27 1947 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

Corr. by affidavit 10-29-47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1947 hour 2:40 minute P.M.

21. I hereby certify that I attended the deceased from June 10, 1947 to Oct. 26, 1947
that I last saw her alive on Oct. 26, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of left Ovary

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inoperable carcinoma of left Ovary

Of autopsy

Duration about 1 year

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address 3806 Travis Ln Date signed 10/27/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Edwin A McDermott

Licensed Embalmer No. 3024

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....
Local Registrar's No. 9916.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Bertha C. Bredges, died/born 10-26, 1947, in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read Dec. 29-1886.
Instead of Dec. 19-1887

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James B. Bredges Son
Relationship.

4220 Neosho St.
Present Address.

Subscribed and sworn to before me this 5 day of Nov., 194 7

My Commission expires 3-4-49. Ella C. Faddock Notary Public.

Affidavit containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

5-39921