No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 23 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10755

Registrar's No. 2455

WRITE PLAINLY—USING 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: Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: 4232 Peck St. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Bertha Thuerwachter

3. (b) If veteran, name war: P

3. (c) Social Security No.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Jacob Thuerwachter

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: February (Month) 16 (Day) 1879 (Year)

8. AGE: Years 69 | Months 0 | Days 23 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: John H. Benkwitz
13. Birthplace: Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Wilhelmina Bertram
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Jacob Thuerwachter
(b) Address: 4232 Peck St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lakewood Park

18. (a) Signature of funeral director: Stroot-Carroll
(b) Address: 4600 Natural Bridge Ave.

19. (a) MAR 1 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1948 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull Subdural Hemorrhage when she was found lying in the street. Injury from fall or a motor driven by one Benj Anthony Anderson is traced at 4923 East Broadway. Around 9.40 A.M. March 9. 1948

Due to:

Duration

Other conditions (Include pregnancy within 3 months of death): 0

Major findings:
Of operations:

Of autopsy:

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): Accident

(b) Date of occurrence: March 9, 1948

(c) Where did injury occur? (City or town) St Louis (County) (State) Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) Below street

While at work? (e) Means of injury: Fall above 3

23. Signature: Patrick E. Taylor Sup Cor (M.D. or Coroner)

Address: 1300 Clark Date signed: 3-11-48.

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.....

Licensed Embalmer No.....

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.