

Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **at 3125 Lafayette Av.**  
**1901 S. COMPTON AV.**  
(If no 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

3. (a) PRINT FULL NAME **BERTHA WEISE**

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

4. Sex **FE. /** 5. Color or race **W.**  
6. (a) ~~Married~~ widowed, ~~Married~~ divorced **W. 2**  
6. (b) Name of husband or wife **LOUIS WEISE** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **AUGUST 5 1867**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**80 10 13** hr. min.

9. Birthplace **ST. LOUIS MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

**11. Industry or business**

MOTHER FATHER { 12. Name **CLEMENS BRINKSCHULTE**  
13. Birthplace **GERMANY 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **WILHELMINA UNKNOWN**  
15. Birthplace **GERMANY 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mariottie Heimburger**  
(b) Address **5429A Cologne**

17. (a) **BURIAL** (b) Date thereof **JUNE 21-48**  
(Burial, cremation, or other) (Month) (Day) (Year)  
(c) Place: burial or cremation **SUN SET BURIAL PK.**

18. (a) Signature of funeral director **E. J. Schmur**  
(b) Address **3125 LAFAYETTE AV.**

19. (a) **JUN 21 1948** (b) **J. F. Bradack**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **St. Louis**  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1901 S. COMPTON AV.**  
**17** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **18**  
year **1948** hour **6** minute **A.M.**

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

Immediate cause of death **Coronary Sclerosis;**  
**Arteriosclerosis.** Duration \_\_\_\_\_

Due to **8 94 a**  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of accident or injury)  
23. Signature **John J. Taylor** (M.D. or other) \_\_\_\_\_  
Address **27679** Date signed **6/15/48**

WRITE PLAINLY—USE UNFADING BLACK INK

**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 Joseph B. Williams

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

**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.

*Dr. G. Annin*