

FILED MAR 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11145**  
Registrar's No. **2062**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1821 California Ave</b>				d. STREET ADDRESS (If rural, give location) <b>23 1821 California Ave</b>						
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)		
		<b>Bertha</b>		<b>W.</b>		<b>Stoll</b>		<b>3-2-1950</b>		
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.		
<b>Female</b>		<b>White</b>		<b>Widow</b> <input checked="" type="checkbox"/>		<b>10-27-1875</b>		<b>74</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>			10b. KIND OF BUSINESS OR INDUSTRY *****			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jacob Wilser</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE *****				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Stoll</b>				ADDRESS <b>4640 Delor St.</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Generalized</b>						?		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		(STATE)				
						<b>331A</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from <b>24 Feb</b> , 19 <b>50</b> , to <b>2 MAR</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>1 MAR</b> , 19 <b>50</b> , and that death occurred at <b>4:00 A</b> m., from the causes and on the date stated above.										
23a. SIGNATURE <b>George A. Youngman MD</b>				(Degree or title)		23b. ADDRESS <b>5439 Gravois Ave</b>		23c. DATE SIGNED <b>2 Mar 50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>3-4-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>3211 Sublette Ave</b>				
DATE REC'D BY LOCAL <b>MAR 3 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Casater</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhew</b>		ADDRESS <b>6409 Gravois Mo</b>			

Do Youngman 1/13

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

4-2-50

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Henry M. Brammer* \_\_\_\_\_

Licensed Embalmer No. *4200* \_\_\_\_\_

P. O. Address *St. Louis* \_\_\_\_\_

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.

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