

S. No. 500
V. 10-48

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15479

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1018

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbor Terrace</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbor Terrace</u> | |
| c. LENGTH OF STAY (in this place) <u>YEARS</u> | | 15 <u>1150</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3806 Oak Ridge</u> | | d. STREET ADDRESS (If rural, give location) <u>3806 Oak Ridge</u> | |

| | | | | | |
|--|-------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) _____ c. (Last) <u>Weick</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1950.</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u> | 8. DATE OF BIRTH <u>Sept. 16, 1877</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Canada</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>Walter Inglis</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>deceased</u> |
|---|--|---|

| | | |
|--|-------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. C. K. Johnson 3806 Oak Ridge</u> |
|--|-------------------------------|---|

| | | | |
|---|---|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Cerebrovascular accident 1943</u> | | |

| | | |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>none</u> | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ |
|--|--|---|

| | | |
|---|--|--|
| 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? <u>445N</u> |
|---|--|--|

22. I hereby certify that I attended the deceased from 154pm, 1950, to 174pm, 1950, that I last saw the deceased alive on 164pm, 1950, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

| | | |
|--|---|---------------------------------|
| 23. SIGNATURE (Degree or title) <u>Duggan W. Hall M.D.</u> | 23b. ADDRESS <u>2550 Flouissant Rd.</u> | 23c. DATE SIGNED <u>18Apr50</u> |
|--|---|---------------------------------|

| | | | |
|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>4-20-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
|--|--------------------------|--|--|

| | | |
|--|--|--|
| DATE REC'D BY LOCAL <u>APR 19 1950</u> | REGISTRAR'S SIGNATURE <u>Robert Polowick</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. H. Hermann & Son Inc. 2161 E. Fair Ave.</u> |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Harold H. Burnley* _____

Licensed Embalmer No. *42020* _____

P. O. Address *St. Louis, Mo.* _____

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.