

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14853
3759

FILED MAY 11 1951

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo</u>	c. LENGTH OF STAY (In this place) <u>1 Week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City Mo</u> <u>4826</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>8214 Montreal St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>BARBARA</u> c. (Last) <u>WAHL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 - 1951</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb 7 - 1894</u>		9. AGE (In years if under 1 year last birthday) Months Days Hours Mins. <u>57</u> <u>2</u> <u>12</u>

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Deaconess</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Deaconess</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Frank J. Gram</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Eagle</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Wahl</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-03-8619</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Wahl</u>		ADDRESS <u>8214 Montreal St. U. City</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage into G-I tract</u> ANTECEDENT CAUSES DUE TO (b) <u>Esophageal Varices</u> DUE TO (c) <u>Cirrhosis of liver</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>?</u> <u>2-3 yrs</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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>581.0</u>	
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22. I hereby certify that I attended the deceased from 1948, to Apr 19, 1951, that I last saw the deceased alive on Apr 19, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

22a. SIGNATURE <u>John E. Noel</u>		(Degree or title) <u>0</u>		22b. ADDRESS <u>35 N. Central</u>		22c. DATE SIGNED <u>4.21.51</u>	
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24a. BURNAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Apr 23 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City Mo</u>	
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DATE REC'D BY LOCAL REG. <u>APR 22 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Casater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Beckage</u>		ADDRESS <u>6526 Clayton Rd</u>	
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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 me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John A. DeJen*

Licensed Embalmer No. 4699

P. O. Address M. Charles, Jr.

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.