

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6240

1686

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 20 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 6639 Loutenal		2039
d. FULL NAME OF HOSPITAL OR INSTITUTION 6639 Arsenal			d. STREET ADDRESS (If rural, give location) 3 6639 Arsenal		
3. NAME OF DECEASED (Type or Print) Bertha		a. (First)	b. (Middle) A	c. (Last) Bewig	4. DATE OF DEATH (Month) (Day) (Year) Feb 21, 1952
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 21, 1889	9. AGE (in years) (month) (day) 62	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas Taylor		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Arthur Bewig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Bewig 6639 Arsenal			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage	10	10	10	10	10
ANTECEDENT CAUSES	Chronic Arteriosclerosis	DUE TO (b)	Chronic Myocarditis	DUE TO (c)	several yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or conditions causing death.			several yrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H221
22. I hereby certify that I attended the deceased from 6:15 P.M. 1950, to 2:21, 1952 that I last saw the deceased alive on 2-20, 1952, and that death occurred at 5:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Earl Smith M.D.</i>		23b. ADDRESS 3278 1/2 Jefferson		23c. DATE SIGNED 2-21-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/23/52	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St Louis County Mo		
DATE REC'D BY LOCAL REG. FEB 23 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons	ADDRESS 7027 Gravois		

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Travis

**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.