

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35135**
Registrar's No. **8520**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) **7y, 7m, 19d**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital**

e. STREET ADDRESS (If rural, give location) **5800 Arsenal St.**

3. NAME OF DECEASED
a. (First) **Octavia** b. (Middle) _____ c. (Last) **Bertrand**

4. DATE OF DEATH (Month) (Day) (Year) **Sept 14, 1954**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **2-21-1871**

9. AGE (In years last birthday) Months Days Hours Min. **83**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **housework**

10b. KIND OF BUSINESS OR INDUSTRY **at home**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael Pourcely**

13b. MOTHER'S MAIDEN NAME **Isabella ??**

14. NAME OF HUSBAND OR WIFE **Triffley**

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 **Ned Rees, 1111 Claytonia, Richmond, Mo.**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease.**

* ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Jan. 16, 1947**, to **Sept. 14, 1954**, that I last saw the deceased alive on **Sept. 14, 1954**, and that death occurred at **2:20p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Valma Prudic Bowditch MD**

23b. ADDRESS **5800 Arsenal St.**

23c. DATE SIGNED **9-15-54**

24a. BURIAL, CREMATION REMOVAL (Specify)

24b. DATE **9-16-54**

24c. NAME OF CEMETERY OR CREMATORY **Mount Olive Cemetery**

24d. LOCATION (City, town, or county) (State) **Lemay, Mo.**

DATE REC'D BY LOCAL REG. **SEP 17 1954**

REGISTRAR'S SIGNATURE **Carl Smith MO**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Rowland-Aker, 4104 Manchester ave.**

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 3880

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.