

FILED SEP 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 30589

8256

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 8256
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) 3M.	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hosp.		No. STREET ADDRESS (If rural, give location) 17 4129 1/2 Shaw. 2179		
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) M. c. (Last) BERTEL		4. DATE OF DEATH 9-18-1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 6-10-1886	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 5 Days 8 IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WORK.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Alois Hartmann		13b. MOTHER'S MAIDEN NAME Anna Leight		14. NAME OF HUSBAND OR WIFE Fred. H. Bertel.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME (Typed name) Fred. H. Bertel. 4129 1/2 Shaw. 10.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Arterio Sclerosis Generalized		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
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) m.		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 9-10, 1955, to 9-18, 1955, that I last saw the deceased alive on 9-17, 1955, and that death occurred at 7:30 P. M., from the causes and on the date stated above.				
23a. SIGNATURE Carl H. Smith M.D.		23b. ADDRESS 918 S. Hampshire		23c. DATE SIGNED 9-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-1955		24c. NAME OF CEMETERY OR CREMATOR St. Peter's Park
24d. LOCATION (City, town, or county) St. Louis		24e. ADDRESS (State) 9110		
DATE REC'D BY LOCAL REG. SEP 20 1955		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE W. Stembermehl. 3819 So. Grand Blvd.

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Geo. W. Winkbesmuehle*.....

Licensed Embalmer No. *4611*

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