

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34575

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. 8922

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | c. LENGTH OF STAY (In this place) <u>6 days</u> | c. CITY OR TOWN <u>St. Louis</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Incarinate Word Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>7302 a Pennsylvania ave.</u> <u>2070</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Manda</u> b. (Middle) <u>-----</u> c. (Last) <u>Berthelette</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1955</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 11, 1896</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 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 <u>-----</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> | |

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| 13a. FATHER'S NAME <u>Clement Mertens</u> | 13b. MOTHER'S MAIDEN NAME <u>Lizzie Beck</u> | 14. NAME OF HUSBAND OR WIFE <u>Walter</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>-----</u> | 16. SOCIAL SECURITY NO. <u>-----</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Chas. DeBisschop</u> ADDRESS <u>7302 a Pennsylvania ave.</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, asbestosis, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>9 mos</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma Bladder Tumor</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) <u>Wide metastases</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>170x</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 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? |

22. I hereby certify that I attended the deceased from Jan 1955, to Oct 1955, that I last saw the deceased alive on 11 Oct, 1955, and that death occurred at 3:40 P.m., from the causes and on the date stated above.

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| 22. SIGNATURE (Degree or title) <u>William F. McLaughlin M.D.</u> | 23b. ADDRESS <u>7019a Gray Ave</u> | 23c. DATE SIGNED <u>10-12-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Oct. 14, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Jefferson Bks. Mo.</u> | | |

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| DATE REC'D BY LOCAL REG. <u>OCT 13 1955</u> | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u> ADDRESS <u>U. & L. Co. 7814 S. Broadway</u> |
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(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.....
Signature of Student Embalmer

Signed *Linus P. Hoffmann*.....

Licensed Embalmer No. *387*.....

P. O. Address *7814 St*.....

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.