THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29223
STATE FILE NUMBER

FILED SEP 4 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7473

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, give TOWNSHIP only) OR TOWN ST. Louis — Inside Limits Yes X No ☐

c. CITY OR TOWN ST. Louis — Inside Limits Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 25 City Hospital — Length of stay in 1b 6 weeks

d. STREET ADDRESS (If outside, give location) 149 5011 Tholozan — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Bertha Middle Last Blair

4. DATE OF DEATH Month Aug. Day 9, Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH Dec. 7, 1874

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Bischoff

14. MOTHER'S MAIDEN NAME Elizabeth Wilker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Ida Smith Address 5011 Tholozan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of right Leg;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis;

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E904.0 21

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) suffered in fall at Home on June 19 1957

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 6 1957

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 14 Home

20f. CITY, TOWN OR LOCATION St Louis COUNTY STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 410 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M Kelly Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 8-10-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Aug. 12, 1957

23c. NAME OF CEMETERY OR CREMATORY New St. Marcus

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Witt Bros. L. & U. C. ADDRESS 2929 S. Jefferson

25. DATE RECD. BY LOCAL REG. AUG 10 57

26. REGISTRAR'S SIGNATURE J. Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 43

P. O. Address 2929 C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.