t. Health,
, & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033360
STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 172 Primary Registration District No. 4273 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CONCORDIA — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 809 St. Louis, St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LAFAYETTE
c. CITY OR TOWN: CONCORDIA — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 809 St. Louis, St — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle LOUIS Last BERTRAM

4. DATE OF DEATH: Month SEPT Day 9, Year 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: OCT 26, 1884
9. AGE (In years last birthday): 73 — 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): BUILDER
10b. KIND OF BUSINESS OR INDUSTRY: HOME BUILDING
11. BIRTHPLACE (City and state or country): CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: GEORGE BERTRAM
13b. MOTHER'S MAIDEN NAME: JOHANNA HEINSE
14. NAME OF HUSBAND OR WIFE: CHRISTINE BERTRAM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS CHRISTINE BERTRAM — Address: CONCORDIA, MO

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): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio vascular disease — Several yrs
DUE TO (c): 443 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Dec 22, 1948, to Sept 9, 1958 and last saw him alive on Sept. 9, 1958
Death occurred at 3 30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H S Brady, M.D.
22b. ADDRESS: Concordia, Mo
22c. DATE SIGNED: 9/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: SEPT 12, 1958
23c. NAME OF CEMETERY OR CREMATORY: BETHEL
23d. LOCATION (City, town, or county): CONCORDIA (State): MO

24. FUNERAL DIRECTOR: E. S. Jones — ADDRESS: Concordia, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 12, 1958
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

H. S. Brady M.D.

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 .....Me....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ...E. S. James.....

Licensed Embalmer No. 2058

P. O. Address Concordia M

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.