IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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ILED VS MAY 3 1 1960

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 1604 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland — Length of stay in 1b 25 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9124 Seneca Lane — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Overland — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 9124 Seneca Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First BLANCIA Middle A. Last BERTHOLDT

4. DATE OF DEATH Month May Day 17, Year 1960

5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-1-1886
9. AGE (last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Medora, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Richard Story
13b. MOTHER'S MAIDEN NAME Harriett Armour
14. NAME OF HUSBAND OR WIFE Clarence C. Bertholdt

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. 494-10-1510A
17. INFORMANT [signature] Address 9124 Seneca Lane Overland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of Gall Bladder with
DUE TO (b) Liver Metastases
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH 3 or 4 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Degenerative Head Disease with Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 June 4 1940, to 5-17-60 and last saw her alive on 5-4-60
Death occurred at Home 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Louis F. Cathen (Degree or title) MD
22b. ADDRESS 3720 Washington St Louis Mo
22c. DATE SIGNED 5-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-18-60
23c. NAME OF CEMETERY OR CREMATORY Medora
23d. LOCATION (City, town, or county) Medora (State) Illinois

24. FUNERAL DIRECTOR WARNER FUNERAL HOME Paul V. Warner ADDRESS Brighton, Ill.
25. DATE RECD. BY LOCAL REG. 5-19-60
26. REGISTRAR'S SIGNATURE [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul S. Wanner

Signature of Student Embalmer

"Not Embalmed" Licensed Embalmer No. Ill. - 68

P. O. Address Brighton, I

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