

318

1003

5759

61-022999 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5759

AMENDED

FILED JUN 29 1961

|   |  |   |  |   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                     |  | Length of stay in 1b  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>30 Plaza Square</b>   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>30 Plaza Square</b>   |  |   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Bertha</b> a Middle <b>H</b> Last <b>Oth</b>  |  |   |  |   |  | 4. DATE OF DEATH<br>Month <b>June</b> 18th, 1961 Day <b>18th</b> Year <b>1961</b>   |  |   |  |   |  |
| 5. SEX<br><b>female</b>   |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>3/20/93</b>  |  | 9. AGE (last birthday)<br><b>68</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>retired bookkeeper</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |  |   |  |
| 13a. FATHER'S NAME<br><b>John Oth</b>   |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Bertha Pohlmann</b>   |  |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>-----</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  |   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>Lillian Lance, 30 Plaza Square</b>  |  |   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cancer of liver &amp; gall bladder</b>   |  |   |  |   |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 mos.</b>                                     |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |   |  |   |  |   |  |   |  | 155.1   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |   |  |   |  |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   |  | Month, Day, Year  |  |   |  |   |  |   |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 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 <b>3-15-61</b> to <b>6-17-61</b> and last saw her/him alive on <b>6-17-61</b><br>Death occurred at <b>1:45 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |   |  |   |  |   |  |
| 22a. SIGNATURE<br><b>M. Smith M.D.</b> (Degree or title)  |  |   |  |   | 22b. ADDRESS<br><b>3720 Washington</b> |   |  |   |  | 22c. DATE SIGNED<br><b>6/20/61</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |  | 23b. DATE<br><b>6/21/61</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bethany Cemetery</b>   |  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |   |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>DIEDRICH FUNERAL HOME, 8319 Hallsferry</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>JUN 20 1961</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Loan Smith, M.D.</b>  |  |   |  |   |  |

DATE AMENDED

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MEDICAL CERTIFICATION

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