

No. 2
4-13-40
-17-39
X23159

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 94 NWR
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RION, BERTHA

3. (b) If veteran, name was Unknown 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept. 8 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 1 hr. min.

9. Birthplace St. Francis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name P. Wood

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Marie Baker

15. Birthplace Hollinger City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Rion

(b) Address Farmington, Mo.

17. (a) Removal (b) Date thereof 3/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAR 10 1941 (b) J. H. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 41 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3
9 1941 to 3-9 1941
that I last saw her alive on 3-9 1941
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE, in absence of autopsy findings

Due to Arterio-sclerotic Cardio-vascular disease - E. Compensation

Due to
Other conditions Obesity, Uremia, Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Budick (M. D. or other)
Address BARNES HOSPITAL Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

0
17
9

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.