

FILED AUG 10 1945

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 102

1. PLACE OF DEATH:

(a) County St. Francis
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 108 Short
(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 St. Francis
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 108 Short
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME BERTHA ELIZABETH WILFONG

3. (b) If veteran. name war. _____ 3. (c) Social Security No. ✓

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion Wilfong 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased. Oct 3 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 16 If less than one day hr. _____ min. _____

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Albert Cash

13. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sigga Rowan

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

16. (a) Informant Marion Wilfong

(b) Address 108 Short, Bonne Terre Mo

17. (a) Burial (b) Date thereof July 21, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Burham 2nd Co

(b) Address 213 Benton Bonne Terre Mo

19. (a) 7/25/45 (b) C Esther Rudloff
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1945 hour 11 minute 10A M.

21. I hereby certify that I attended the deceased from July 14th 1945 to July 19th 1945 that I last saw her alive on July 17th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis D.K.
Due to untreated

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations h/w
Of autopsy _____

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) (c) Means of injury _____
23. Signature P. L. Curran (M. D. or other) _____
Address Boneterre Mo Date signed 7-20-45

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

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

4
2
1

RECEIVED

District Health Officer No. 4

District File Number 845-930

Date Filed 8-9-45

REINHOLD H. WILSON

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Barnes Lane

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, above space should be left blank.