

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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32103

1. PLACE OF DEATH

County St. Louis Registration District No. 589 File No. 3140
 Township W. 1st Primary Registration District No. 1002 Registered No. _____
 City St. Louis (No. 2134 Pasch St. _____ Ward)

2. FULL NAME

Charles A. Bernum
 (a) Residence (No. 2134 Pasch St. _____ Ward) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claudine Bernum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
51 | 10 | 19

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work City Clerk
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

10. NAME OF FATHER James Bernum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mrs. Sarah Bernum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT (Address) Mrs. Claudine Bernum

15. FILED 9/15/21 1921 M. M. Crause REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1921

17. HEREBY CERTIFY, That I attended deceased from Sept 12th, 1921, to Sept 14th, 1921 that I last saw him alive on Sept 14th, 1921, and that death occurred, on the date stated above, at St. Louis.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paresis - General

CONTRIBUTORY (SECONDARY) Acidosis & Arterio Sclerosis

18. WHERE WAS DISEASE CONTRACTED unknown
 IF NOT AT PLACE OF DEATH: unknown
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) Kenneth Keard M. D.
Sept 15, 1921 (Address) 3520 Main St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL / DATE OF BURIAL

St. Joseph Cemetery / 9/16/21
 20. UNDERTAKER / ADDRESS
W. F. Donnell Co. / 1109 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

