

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

Do not use this space.

38940

1. PLACE OF DEATH

County.....
Towship.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **4514 Gibson Av.**)

File No.....
Registered No. **11762**
St. Ward)

2. FULL NAME

(a) Residence. No. **4514 Gibson Av. St. 16** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **60** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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 **Mary T Bernsen**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown 1859**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **About 74**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Night Watchman**
(b) General nature of industry, business, or establishment in which employed (or employer) **Polaris Hardware & Fuel Co.**
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Bernard Bernsen**

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

12. MAIDEN NAME OF MOTHER **Katharina P. Phiffing**

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

14. INFORMANT (Address) **Mary T. Bernsen 4514 Gibson Av.**

15. FILED **Nov 30 1927** **Mary B. Starr** REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec. 29 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 26**, 1927, to **Dec 29**, 1927 that I last saw him alive on **Dec 29, 1927**, and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 to 930 of 29th St
(duration) **12** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Myocardial Infarction**
(duration) **12** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY? **not**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. H. Dixon**, M. D.

Dec 30 1927 (Address) **306 W Grand Blvd**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **Jan 2 1928**

20. UNDERTAKER **Kriegshauser & Co** ADDRESS **24109**

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

Am. P. M.

31st Dec. 1872

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