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

Do not use this space.

39108

File No. 1574

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Norman Eugene Bernaix

(a) Residence. No. 3651 Vista Ave. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. 11 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 19-27

7. AGE: Years | Months 2 | Days 11 | If LESS than 1 day, hrs. or min.

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

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

PARENTS

10. NAME OF FATHER —

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

12. MAIDEN NAME OF MOTHER Inez Berrain

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

14. INFORMANT J. E. Schroeder
(Address) 3651 Vista

15. FILED Jan 16 1928 Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-30- 1927

17. I HEREBY CERTIFY, That I attended deceased from birth, 1927, to Dec. 30, 1927, that I last saw him alive on Dec. 30, 1927, and that death occurred, on the date stated above, at about 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double ventricular medical
Mastoiditis ?
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. Riley, M. D.
, 19 (Address) 3649 Vista

*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: POTTERS FIELD. DATE OF BURIAL 1-19-1928

20. UNDERTAKER: E. Shanon ADDRESS 1426 Carroll

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.