

MAR 21 1928

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

Do not use this space.

6072

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 1711 North Main St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No.
Registered No. 15

2. FULL NAME

Frances Berns

(a) Residence No. 1711 N. Main 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 7 17

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work at home (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) Illinois

10. NAME OF FATHER Mr. Healey

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

12. MAIDEN NAME OF MOTHER Mr. Healey

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

14. INFORMANT Frank Berns (Address) 1711 N. Main St.

15. FILED 2-4 1928 O. M. Beckman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 26 1927 to July 2 1928 that I last saw h. alive on July 1st 1928, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
100% (duration) yrs. 4 mos. 4 ds.
CONTRIBUTORY bronchopneumonia (SECONDARY) (duration) yrs. 5 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam & History (Signed) W. R. Freeman M. D. 1928 (Address) St. Charles Mo.

*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 St. Charles, Barona Ave DATE OF BURIAL July 4 1928

20. UNDERTAKER H. Dellinger ADDRESS 1000 2nd St.

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.

