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

Do not use this space.
6500

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 1411

City St. Louis (No. 3643 Folsom Ave., St. ..... Ward)

2. FULL NAME Blanche Lorreine Bernstorff

(a) Residence. No. 3643 Folsom Ave., St. 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Ernest Bernstorff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15, 1898.

7. AGE: Years 29 | Months 8 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Illinoise

PARENTS

10. NAME OF FATHER: Joseph Barker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinoise
12. MAIDEN NAME OF MOTHER: Jennie Fischer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinoise

14. INFORMANT: Ernest Bernstorff
(Address) 3643 Folsom Ave.

15. FILED FEB -7 1928, 19.. Max W. Tarkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1928, to Feb 6, 1928, that I last saw her alive on Feb 6, 1928, and that death occurred, on the date stated above, at 10.15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia (Rt Chest)

(duration) ..... yrs. ..... mos. ..... ds.

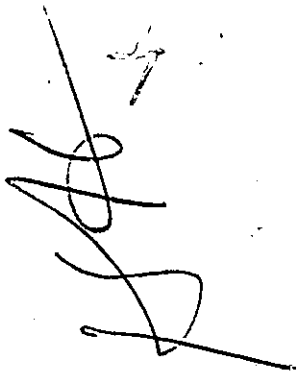
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) Paul Bernstorff, M. D.
Feb. 7, 1928 (Address) 5489 Arlington Ave

*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: Valhalla Tomb. DATE OF BURIAL: Feb. 8, 1928.

20. UNDERTAKER: Jos. W. Clark. ADDRESS: 112.5 Hodiamont Ave

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly