

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

Do not use this space.

8083

**1. PLACE OF DEATH**

County St. Louis Registration District No. 478  
 Township ..... Primary Registration District No. 1005  
 City St. Louis Mo. (No. St. Anthony Hosp.) St. \_\_\_\_\_ Ward)

File No. ....  
 Registered No. 1735

**2. FULL NAME** Mr. George Bernhardt

(a) Residence. No. 4650 Rosa Ave. St. 2 Ward. St. Louis Mo.  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14th, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 5 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Hungary  
 (STATE OR COUNTRY)

10. NAME OF FATHER Anton Bernhart

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

12. MAIDEN NAME OF MOTHER Marie Grossman

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

14. INFORMANT Sister M. Lachar (Records)  
 (Address) 3520 Chipmunk St.

15. FILED Max C. Stankov REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929

17. I HEREBY CERTIFY, That I attended deceased from January 31, 1929, to Feb 4, 1929 (that I last saw him alive on Feb 4, 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis  
with acute dilatation of Heart  
73C

753 (duration) \_\_\_\_\_ yrs. 23 mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Carcinoma of Stomach  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. 24 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 440  
 IF NOT A PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 4 - 1929

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) Paul G. Schubert, M. D.

Feb 5, 1929 (Address) 514 Metropolis Bldg  
 \*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 Peter and Paul. DATE OF BURIAL 2/6 1929

20. UNDERTAKER Southern ADDRESS 7315 S. B. Hwy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

29  
14  
14  
4

18th October  
Not known