

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

Do not use this space.

41840

1. PLACE OF DEATH

County St. Charles

Registration District No. 757

Township

Primary Registration District No. 3036

City St. Charles Mo

(No. St. Joseph Hospital)

File No.

Registered No. 183

St. _____ Ward

2. FULL NAME

Sister Bernarda

(a) Residence. No. Bowling Green Mo St., _____ Ward.

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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)

Dec 1st 1857

7. AGE

72

YEARS

MONTHS

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

School Teacher

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

10. NAME OF FATHER

not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Sister Seraphim
St. Charles Mo

15.

FILED

12/23 19. 29 Hy. S. Blochmann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22^d 1929

17. I HEREBY CERTIFY, That I attended deceased from

Dec 10th 1929 to Dec 22^d 1929

that I last saw him alive on Dec 21 1929, and that death occurred, on the date stated above, at 8:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Emphysema of Lungs
Bladder

CONTRIBUTORY (SECONDARY)

Gall Stones (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 21-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) St. Jaenter M. D.

, 19 (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

DATE OF BURIAL

Oldenburg Ind

Dec 23^d 1929

20. UNDERTAKER

ADDRESS

Edward Koch

3516 4 14th

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

RECORDED

21

10

ST 154