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

Do not use this space.

40702

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township — Primary Registration District No. 6248H — Registered No. 293
City Richmond Heights (No. St Marys Hospital St. Ward)

2. FULL NAME Blanche Bernero
(a) Residence. No. 4348 Itaska St., 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: 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) Unknown 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	—	—	

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

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

PARENTS
10. NAME OF FATHER Tony Bernero
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Ella Bernero (nee)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Mrs Rose Badaracco
(Address) 5043 Delmar Blvd

15. FILED 12/5 1930 C L Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 10 Nov, 1930, to Dec 4, 1930, that I last saw her alive on Dec 4 1930, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation Stomach + Acute Dilatation of Heart.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis-Chronic Arthritis Deformans
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec/1/30
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
12/5 1930 (Address)

*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: Calvary
DATE OF BURIAL: 12-6 1930

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

V [illegible]

[illegible] 1966.

[illegible]

cated by check marks, lacking from the death certificate: 2/3,

Name: Blanche Turners

Who died at: Richmond Heights, Mo. on Dec. 4, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Acute Dilatation of Stomach and acute Dilatation of heart.

Contributory: Myocarditis, chronic

Arthritis Deformans. X

Where was disease contracted? Operated for arthritis and vaso motor constriction

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____ _____

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