

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

2292

FEB 25 1932

PLACE OF DEATH

County St. Louis
Township Central
City St. John Station

Registration District No. 789
Primary Registration District No. 6033 B

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

Emma L. Bernard

(a) Residence, No. 8810 Windsor Ave. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6, 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>
	DAYS <u>29</u>	If LESS than 1 day, ...hra. or ...min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
		11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Victor Dubois</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Ellen Drumonds</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT (ADDRESS) <u>Geo. Bernard 8810 Windsor Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>St. Charles, Mo. DATE Jan. 7, 1932</u>	
19. UNDERTAKER (ADDRESS) <u>Jos. N. Clark 1125 Woodman Ave.</u>	
20. FILED <u>Jan - 5 - 1932</u> <u>G. J. O'Connell</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1931, to Jan 4, 1932

I last saw h. alive on Jan 4 at 10:45 a.m. 1932 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:
Myocarditis
Auto. Endocarditis
Chronic Nephritis

Other contributory causes of importance:
Chronic Nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Arnold H. Wueren, M. D.
(Address) 8900 St. Charles Rd.

8900 St. Charles St.

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