

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

Do not use this space.

3183

1. PLACE OF DEATH

County Registration District No. 781
 Township St. Louis Primary Registration District No. 005
 City St. Louis (No. 5022, Minerva) St. 954 Ward

2. FULL NAME

Mary Clementine Bernshaw

(a) Residence, No. 5022 Minerva St. 6 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Garrett Bernshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

13. NAME Allen Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Minervon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 3

17. INFORMANT Sophie Schuster (ADDRESS) 5022 Minerva

18. BURIAL, CREMATION, OR REMOVAL PLACE National Jan 29, 1932

19. UNDERTAKER (ADDRESS) Chas. J. Stuart
1225 Union St.

20. FILED 1932 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1932

22. I HEREBY CERTIFY That I attended deceased from June 1st, 1926, to January 27, 1932
 I last saw h. aw alive on 1/29 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis 2 yrs
191
935

Other contributory causes of importance:
Chronic myocarditis 6 yrs

Name of operation 1 Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where and 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 Dr. Joseph H. Chaffin
 (Signed) 901 University Club M. D.
 (Address) St. Louis Mo.

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.

