

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

Do not use this space.

13806

1. PLACE OF DEATH

96 County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6038B
City St. Louis (No. Madison, of Good Counsel) Home St. _____ Ward _____

File No. _____
Registered No. 108

2. FULL NAME

Catherine M. Bernack
(a) Residence, No. 3619 Garfield 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1 - 1882
7. AGE YEARS 80 MONTHS _____ DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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) Ireland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) William Buller
17102 Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Apr 4 1932

19. UNDERTAKER (ADDRESS) Buller Bros
17102 Grand Blvd

20. FILED 4-3- 1932 John D. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932 to April 1 1932
I last saw her alive on April 1 1932. Death is said to have occurred on the date stated above, at 5:30 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
930
927
97
Other contributory causes of importance:
Hemiplegia
Sepsis Bad Ulcers
Atherosclerosis

Name of operation _____ 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 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) John A. Hartwig, M. D.
(Address) 2743 1/2 Grand Blvd.

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.

MAY 28 1932

Dr. Harding
2743 N. Broad St.