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.

11024

APR 28 1933

**1. PLACE OF DEATH**

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 Registered No. 100

City Jefferson Barracks, Mo. (Not Veterans Administration Hospital. St. Ward)

**2. FULL NAME** BERNINGER, Charles William

(a) Residence, No. Veterans Adm. Hospital, Jefferson Barracks, Missouri. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mild Berninger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1884

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 48 | 5 | 17 | |

**OCCUPATION**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable

10. Date deceased last worked at this occupation (month and year) Unavail.

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Pennsylvania

**FATHER**

13. NAME Unavailable

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

**MOTHER**

15. MAIDEN NAME Unavailable

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vet. Adm. Hosp. Jefferson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 3/25 1933

19. UNDERTAKER (ADDRESS) C. Hoffmeister Mo. L. Co. 7814 So. Broadway

20. FILED Mar 22 1933 L. C. Olrock M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1931, to March 21, 1933

I last saw him alive on March 21, 1933. Death is said to have occurred on the date stated above, at 7:20PM

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| General Paralysis of the Insane | Unk. |

Other contributory causes of importance: --

Name of operation Clinical, physical, laboratory findings Date of --

What test confirmed diagnosis? 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?

If so, specify W. C. GIBSON, M.D., Med. Off. In Chg.,

(Signed) Vet. Adm. Hosp. Jef. Brks., Mo., M.D.

(Address)