

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

Do not use this space.

DEC 13 1934

40932

1. PLACE OF DEATH

County..... Registration District No. 731
Township..... Primary Registration District No. 2003
City St. Louis (No. Pittman Deloye Hosp.)..... St. Ward)

File No.
Registered No. 11376

2. FULL NAME

Catherine Bernad

(a) Residence, No. 4636 Versailles St. 15 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Fred H Bernad

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 86

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) Syracuse New York

13. NAME Bernad Meyer

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

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris France

17. INFORMANT (ADDRESS) Sister Rose Edwards Pittman Deloye Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE Nov 13 1934

19. UNDERTAKER (ADDRESS) J. H. Delbert 2142 Maple St

20. FILED 11 13 1934 J. H. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1934, to Nov 13th 1934

I last saw her alive on Nov 13th 1934 Death is said to have occurred on the date stated above, at 6:45 p. m.

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

Pseudo Elephantiasis due to Endothelium Degeneration
(1) Obesity
(2) Rt. Sidel Heart failure
Other contributory causes of importance: HTN
(1) Hypertension
(2) Hypertrophied heart

Name of operation Date of
What test confirmed diagnosis? B.M.R.? Was there an autopsy? Yes

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.

(Signed) J. H. Delbert M. D.
(Address) Pittman Deloye Hospital
St. Louis, Mo

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.

