JUN 28 1935

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

Do not use this space.

18583

File No. .....

Registered No. 54

1. PLACE OF DEATH

County St. Louis — Registration District No. 1160

Township ..... — Primary Registration District No. 4470

City University City (No. 7335 Melrose Ave St. ..... Ward)

2. FULL NAME Mary Bernero

(a) Residence, No. ..... 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1913

7. AGE: Years 21 — Months 6 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) St. Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Anthony Bernero

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

MOTHER

15. MAIDEN NAME Cecelia Abado

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Anthony Bernero (ADDRESS) 7335 Melrose Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 5/25, 1935

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Lindell Blvd

20. FILED May 22, 1935 Geo. V. Moulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1935, to 5/22, 1935

I last saw her alive on 5/22, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Acute endocarditis — Date of onset 4/30/35

Other contributory causes of importance:

Name of operation ..... 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? no

If so, specify .....

(Signed) J. D. Stoelzle, M. D.

(Address) 12 N. Central Ave

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.

W. Stoeckli
12 Central Ave
Clayton Mo
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