

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

Do not use this space.

29059

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis, Mo.** (No.....)

City Sanitarium.....

File No.....

Registered No.....

7832

Ward.....

2. FULL NAME **Frances Bernds,**

(a) Residence, No. **2218a N. Market St., 20. Ward.**

(Usual place of abode) Length of residence in city or town where death occurred **35** yrs. mos. ds.

(If nonresident, give city or town and State)

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Hermah Bernds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 24, 1868**

7. AGE

68

YEARS

2

MONTHS

27

DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION

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

Housework

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

Housework

10. Date deceased last worked at this occupation (month and year) **about 1934**

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Jefferson City**
(STATE OR COUNTRY) **Missouri**

FATHER

13. NAME **Hy. Tranel**

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

MOTHER

15. MAIDEN NAME **Anna Berkwich**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**
(STATE OR COUNTRY) **Germany**

17. INFORMANT **Dr. Jordan Kelling, M.D.**
(ADDRESS) **5400 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cem.** DATE **July 25th**, 19**36**

19. UNDERTAKER **Wm. Reidner, M.D.**
(ADDRESS) **1417 N. Market St.**

20. FILED **III 22 1936**

Registrar. **J. H. Bredeck**

791

1003

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1, 1936**, 19....., to **July 21, 1936**, 19.....

I last saw her alive on **July 21, 1936**, 19..... Death is said to have occurred on the date stated above, at **2:25 A.M.**

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

Chronic Myocarditis 1-1-36x
Senile Dementia 1-1-36x

Date of onset

Other contributory causes of importance:

Heat Stroke 7-12-36

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) **Jordan Kelling**, M. D.

(Address) **City Sanitarium, 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.

AUG 18 1936

