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 26 1936

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

Do not use this space.

32253

File No.

Registered No. 244

1. PLACE OF DEATH

County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6633

City Overland (No. 9124 Arline Ave. St. Ward)

2. FULL NAME Albert Leo Bernard.

(a) Residence, No. 9124 Arline Ave. 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: Male

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 Clara Bernard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1875

7. AGE: Years 61 | Months 4 | 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. Carpenter

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. Charles Co. (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Charles Bernard.

14. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) Missouri.

MOTHER

15. MAIDEN NAME Margaret Coneyer.

16. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) Missouri.

17. INFORMANT Mrs Clara Bernard. (ADDRESS) 9124 Arline Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles, Mo. DATE Aug. 11, 1936

19. UNDERTAKER Geo. L. Pleitsch Inc. (ADDRESS) 5916 Easton Ave.

20. FILED 8-11- 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1936.

22. I HEREBY CERTIFY, that I attended deceased from ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at 11 P.M.

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

	Date of onset
Chr. endocarditis, insufficiency of the semilunar aorta with stenosis of the aortic orifice caused by extreme calcification generalized arteriosclerosis.	

Other contributory causes of importance:

Acute dilitation left ventricle caused by blockage of the aortic orifice.

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy 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 8/10/36

(Signed) Luke S. Timmerk, M. D.

(Address) 3718 Jennings Sta.

Coroner St. Louis Co. Mo.