

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

Do not use this space.

SEP 15 1936

32944

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis, Missouri City Hospital No. 1

791

1003

File No.....

Registered No.....

8826

St.....

Ward.....

B. 2. FULL NAME Ben Bernhardt

(a) Residence, No. 2309 South 18th St. 23 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

male

white

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Emma

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

Jan 30, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

68

71

6

24

OCCUPATION

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

nil

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)

St. Louis, Missouri

13. NAME

Unknown

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

15. MAIDEN NAME

..

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

..

17. INFORMANT Hosp. Info. U.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE M.B. Theleheim DATE 8-26-36

19. UNDERTAKER (ADDRESS)

Walt Beyer, R. & G. Co. 2929 S. Jefferson Ave.

20. FILED

AUG 25 1936

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24/36 19

22. I HEREBY CERTIFY, That I attended deceased from 8/17/36, 19 to 8/24/36, 19

I last saw him alive on 8/24/36, 19. Death is said

to have occurred on the date stated above, at 12.50 a

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

Atrophic Cirrhosis of liver

Other contributory causes of importance:

Ascites

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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)

Charles J. Houghton M. D.

(Address)

City Hospital No. 1

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.

