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.

DEC 3 1936

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

Do not use this space.

42929

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 3415A KLEIN St. ..... Ward)

File No. 11502

Registered No. .....

2. FULL NAME CLEMENCE F. BERNHARDT

(a) Residence, No. 3415A KLEIN St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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~~ MARY BERNHARDT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 15, 1863

7. AGE: YEARS 73 | MONTHS 7 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) JAN 1933

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DITTERSDORF-SAXONY GERMANY

FATHER

13. NAME — BERNHARDT

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

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT (ADDRESS) MARY LUDWIG BERNHARDT 3415A KLEIN STR

18. BURIAL, CREMATION, OR REMOVAL
PLACE FRIEDENS DATE Nov 20, 1936

19. UNDERTAKER (ADDRESS) SUEPMEYER & SONS 3934 N. 20 STR.

20. FILED NOV 19 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1936 to Nov 17, 1936
I last saw him alive on Nov 17, 1936 Death is said to have occurred on the date stated above, at 840 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11/11/36

Other contributory causes of importance:

Arteriosclerosis

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) H. J. Niebruegge M. D.
(Address) 3641 N 20th St
St Louis Mo