DEC 27 1937

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

Do not use this space.

42126

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 328 330

Township — Primary Registration District No. 3032 — Registered No. 668

City Sedalia (No. Bothwell Hospital St. Ward)

2. FULL NAME Lou Bernstein

(a) Residence, No. 217 East 5th. 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: Helen H. Bernstein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19, 1864

7. AGE: Years ~~74~~ 73 — Months 7 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper
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): 1933
11. Total time (years) spent in this occupation: 28

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

FATHER

13. NAME: Louis Bernstein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Helen H. Bernstein, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: Nov. 23, 1937

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia, Mo.

20. FILED: Nov 23, 1937 Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from —, 1930, to Nov 20, 1937

I last saw him alive on Nov 20, 1937. Death is said to have occurred on the date stated above, at 8 p.m.

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

	Date of onset
Coronary Thrombosis	11/6/37
94a	
Other contributory causes of importance: Angina Pectoris	1930

Name of operation — Date of

What test confirmed diagnosis? Phys. Exam. 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) W. A. Bee Kimmerer, M. D.

(Address) Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.