

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

Do not use this space.

3716

File No. 34
Registered No. 668
Ward

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 214 West 5th.) St. _____ Ward _____

2. FULL NAME Helen Bernstein 652

(a) Residence, No. 214 West 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1938 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis Bernstein

22. I HEREBY CERTIFY That I attended deceased from Nov. 10, 1937 to Jan. 19, 1938
I last saw her alive on Jan. 9, 1938 Death is said to have occurred on the date stated above, at 6:50 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1863

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 21

Cerebral hemorrhage Date of onset Jan 3, 1938

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Fracture right femur
arterio-sclerosis
Senile dementia Nov 10 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ No. _____

Name of operation none Date of none
What test confirmed diagnosis? Cholera Was there an autopsy? No

13. NAME Mathias Heller

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

15. MAIDEN NAME Anna Braun

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide suicide Date of injury _____, 19____
Where did injury occur: at home, Sedalia, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Geo. Shelly
(ADDRESS) Greenridge, Mo.

Manner of injury Fell on floor
Nature of injury fracture right femur

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Jan. 21, 1938

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Chas. M. ..., M. D.

20. FILED Jan. 22, 1938 Joan Slack
Registrar. 654

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

RECEIVED

FEB 28 1938

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MD. STATE BOARD OF HEALTH