OCT 6 38

1938

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

Do not use this space.

1. PLACE OF DEATH
County Saint Louis
Township Carondelet
City ~~Jefferson Barracks~~ (No. VETERANS HOSPITAL St. Ward)

Registration District No. 784
Primary Registration District No. 200

File No. 33356
Registered No. 1512

2. FULL NAME Alvin J. Bernhardt

(a) Residence, No. 402 Saint Louis Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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 Mrs. Mabel Bernhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 26, 1887

7. AGE: Years 50 | Months 8 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry and Egg
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer
10. Date deceased last worked at this occupation (month and year) 2 yrs. ago.
11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Jacobs, (STATE OR COUNTRY) Illinois

FATHER
13. NAME Michael Bernhardt
14. BIRTHPLACE (CITY OR TOWN) -- (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Mary Smith
16. BIRTHPLACE (CITY OR TOWN) -- (STATE OR COUNTRY) Illinois

17. INFORMANT Act. Clinical Dir., VAF
(ADDRESS) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE NATIONAL CEM. DATE SEPT. 16, 1938

19. UNDERTAKER C. HOFFMEISTER
(ADDRESS) 7814 S. BRAY, ST. LOUIS MO.

20. FILED SEP 1 1938 J. R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1938, to September 13, 1938
I last saw him alive on September 13, 1938. Death is said to have occurred on the date stated above, at 2:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease, combined mitral insufficiency and stenosis, severe, and aortic stenosis, severe, with myocardial degeneration with hypertrophy and dilatation, congestive type cardiac failure and complete ~~[illegible]~~ heart block.	Unkn.
No contributary cause	

Name of operation None Date of
Phy. Clinical manif. and laboratory
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?
If so, specify
(Signed) C. H. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jeff. Bks., Mo.

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.

FEB 24 1947