

JAN 13 1939 FEB 1939

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

3868  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 111  
 (c) City Clayton, Mo. Rich Hgts. (d) Street No. St. Marys Hospital Registered No. 72  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Bernard Berns  
 (a) Residence, No. 2027 Agnes St. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Berns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 5 25

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Packer  
 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) Missouri

FATHER  
 13. NAME John Berns

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

MOTHER  
 15. MAIDEN NAME Catherine Jonsen

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

17. INFORMANT (ADDRESS) John Berns  
7046 Josephine

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Bergesch Und. Co.  
3661 Washington Bl.

20. FILED JAN 13 1939 G. K. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to Jan. 10, 1939  
 I last saw him alive on Jan. 10, 1939. Death is said to have occurred on the date stated above, at 10:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Staphylococcus Septicemia 1/8/39  
790  
 Other contributory causes of importance:  
Staphylococcus Meningitis 1/8/39  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis: All Clinical 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) J. B. Brennan M. D.  
7408 Humboldt Bldg. (Address)

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.

WHILE CAPABLE WITH ONWARD INVADE THIS IS A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *John Ketter* .....

Licensed Embalmer No. *3880*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**