

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

568

791
FILED FEB 17 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2614 A. N. 19TH STR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 57 YRS.
years, months or days)

3. (a) PRINT FULL NAME MARTHA, BERNAL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MICHAEL BERNAL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 26TH 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE-WORK 6

11. Industry or business AT HOME 6

12. Name DONT KNOW 6

13. Birthplace GERMANY 6
(City, town, or county) (State or foreign country)

14. Maiden name BARBARA KWIATKOWSKI

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edward Bernal

(b) Address 2332 N. Doolin St.

17. (a) BURIAL (b) Date thereof JAN 22 = 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Brockland Ind. Co.

(b) Address 1827 Hogan St.

19. (a) JAN 20 1940 (b) J.F. Bredich
(Date received local registrar) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS 26
(If outside city or town limits, write "RURAL")
(d) Street No. 2614 A. N. 19TH STR.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 57 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 18
1938, to Jan 19, 1940
that I last saw her alive on Jan 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 2 years
Duration

Due to Pneumonia

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward Bernal (M. D. or other) MD
Address 2332 N. Doolin St. Date signed 1/20/40

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

1 19391

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert S. Hooper*

Licensed Embalmer No. *2971*

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.