

1613

WRITE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
791 Primary Registration District No. 1003

State File No. 8921  
2404  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 Days  
(Specify whether Life)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Henry Berndes  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 494-01-3478

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
7. Birth date of deceased October 6, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 5 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Anton Berndes  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Roepfer  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Berndes  
(b) Address 1304a Hickory

17. (a) Burial (b) Date thereof 3/13/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O. S. S. Peter & Paul Wacker - Felderle  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2331 S. Broadway

19. (a) MAR 12 1940 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1304a Hickory St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 11,  
year 1940 hour 3:15 minute A. M.  
21. I hereby certify that I attended the deceased from February  
20, 1940 to March 11, 1940  
that I last saw him alive on March 11, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Pulmonary tuberculosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
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 Harold Anderson M.D. (M. D. or other) 3/11/40  
Address 1515 Lafayette Date signed \_\_\_\_\_

---

---

**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 Robert C. White  
Licensed Embalmer No. 2178  
P. O. Address Stamwood

**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.**