

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16060

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 873

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Roch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Roch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2725 days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Herman Berndts 653

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased April 15 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 0 19 hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Nichols Berndts

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

14. Maiden name Margaret (unknown)

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

16. (a) Informant: Roch Hospital Berndts

(b) Address Roch, Mo

17. (a) Burial (b) Date thereof May 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. L. ...

(b) Address 1417 N. ...

19. (a) MAY 6 1940 (b) [Signature]
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2218 1/2 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1940 hour 7 minute 05 P. M.

21. I hereby certify that I attended the deceased from July
_____ 1929, to May 3, 1940;
that I last saw him alive on May 3, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with metastasis to liver

Due to _____
Due to 46

Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Carcinoma of Breast; Carcinoma of liver; Tuberculosis of liver; Amyloid spleen

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? _____
(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 William Stamba (M. D. or other) _____
Address Roch, Mo Date signed 5/5/40

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.