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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19450

FILED JUN 10 1940

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1048

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Bonhomme (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Manchester (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Margaret Bernard 65

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 Widow

6. (b) Name of husband or wife Stephan Bernard

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 7 (Day) 1850 (Year)

8. AGE: Years 90 Months = Days 24 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Christian Isler
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Ida Schmidt
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Miss Lovelle Bernard

(b) Address 4609 Loughborough

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Louis H Bopp

(b) Address Kirkwood Mo

19. (a) MAY 31 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1940 hour 6 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 18, 1939, to May 30, 1940, that I last saw her alive on May 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to 93C	
Other conditions Arterio Sclerosis (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? (Specify type of place)

While at work? (e) Means of injury

707

23. Signature R. W. Jansen (M. D. [redacted])

Address Manchester Mo Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer, Registered Apprentice No. _____ working under my personal supervision.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address 340 Madison Ave

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.