

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Do, Spoenner, 1506 584103
State File No.

NOV 16 1940 791
Registration District No.

Primary Registration District No.

Registrar's No. 8800

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2415 Elliott ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
In this community 3 years

3. (a) PRINT FULL NAME JULIA BERNHARDT

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 Joseph Bernhardt 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased Oct 8 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation retired

11. Industry or business 9

12. Name Frank Adams

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

14. Maiden name Unknown

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

16. (a) Informant Pauline Weddinghouse

(b) Address Creve Coeur Mo

17. (a) Burial (b) Date thereof 10-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Monica

18. (a) Signature of funeral director Baumann Bros

(b) Address 2504 Woodson Overland Mo

19. (a) OCT 25 1940 (b) J. B. Beck
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Rural NR
(If outside city or town limits, write "RURAL")
(d) Street No. Creve Coeur Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. 70 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 30 minute 30 P. M.

21. I hereby certify that I attended the deceased from 9-9-40
to 10-24-40
that I last saw her alive on 10-23-40
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to 77

Due to 2112

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations -

Of autopsy -

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) (c) Means of injury 110

23. Signature Walter Spoenner (M.D. or other) MD
Address 1506 87th wis Date signed 10-25-40

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland Mo*

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

If this body is not embalmed, fact should be so stated above.