

Registration District No.

Primary Registration District No.

Registrar's No.

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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 905 N. Whittier St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 36 Years years.

3. (a) PRINT FULL NAME Arthur Bernaud

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 62 hr. min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Operator 9

11. Industry or business Real Estate

12. Name Unknown 9

13. Birthplace Unknown
(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 Muriel Shookman

(b) Address 4061 McPherson Ave

17. (a) Burial (b) Date thereof Nov 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Peeetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) NOV 15 1940 (b) [Signature]
(Date of recording) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11,
year 1940 hour 9:20 minute _____ P.A.M.

21. I hereby certify that I attended the deceased from November 10, 1940, to November 11, 1940, that I last saw him alive on November 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 days

Due to Hypertension 5 yrs.

Due to Nephrosclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration
2 days
5 yrs.
10 yrs.
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) _____ (a) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 115 Lafayette Ave. Date signed 11/13/40

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

REC-11-1940
7911

1003

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

Frank J. Owens

Licensed Embalmer No.

2245

P. O. Address

St. Louis 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.