

2
3-40
7-39
X23159

Registration District No. **734**

Primary Registration District No. **1003**

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: 4808 Easton Ave
(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

3. (a) PRINT FULL NAME Elizabeth Bernay Gerny
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Aug 12 - 1860
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 12 hr. _____ min. _____
If less than one day

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

10. Usual occupation At Home

11. Industry or business House wife

12. Name Louis Hoffmann

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

14. Maiden name _____
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Gerny

(b) Address 4808 Easton Ave

17. (a) Rural (b) Date thereof 2-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Always

18. (a) Signature of funeral director James F. Stewart

(b) Address 1225 Mission St

19. (a) FEB 28 1941 (b) J. Brebeck
(Date of filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 4808 Easton Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 65 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1941 hour 8 minute P M.
21. I hereby certify that I attended the deceased from May 11, 1936, to Feb 24, 1941; that I last saw her alive on Feb 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation
Ch. Myocarditis
chronic nephritis
Due to: Hypertension 1/2 yrs.

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: ✓ 1/2
Of operations _____
Of autopsy ✓

Duration 1 mo.
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) no
(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? ✓

23. Signature James A. Pearson (M. D. or other) 1
Address 7903 Olive Date signed 2-25-41
(Specify type of place) (e) Means of injury _____

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

MOTHER FATHER

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 *J. W. Bunkley*
Licensed Embalmer No. *3657*
P. O. Address *St. Louis, Mo.*

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, fact should be so stated above.