

FILED SEP 11 1941

Registration District No. 247

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 0 years, months or days)

3. (a) PRINT FULL NAME Heinrich Ludwig Berner

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dana Berner 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 4 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 8 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name John Henry Berner
Krakow
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Wiemna Niemeyer
Union, Mo.
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Berner
(b) Address Washington Mo RR 2

17. (a) Burial (b) Date thereof 8/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Mo.

18. (a) Signature of funeral director E. H. Altman
(b) Address Union Mo

19. (a) Aug. 12 - 1941 (b) H. D. May
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Washington Rural
(If outside city or town limits write "RURAL")
(d) Street No. R.R. 2 (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1941 hour 7:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from 8/4/41
8/11/41, 1941 to 10, 1941
that I last saw him alive on Aug. 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____
Due to _____

Other conditions (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) (e) Means of injury _____

23. Signature E. H. Altman (M. D. or other) M. D.
Address Washington Mo Date signed 8/12/41

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

36
6
2

036
9
0

0

Physician

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.....

E. F. Oltramann

Licensed Embalmer No. 1686

P. O. Address Union 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, above space should be left blank.