. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25670

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6868

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 17 Windemere Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 17 Windemere Place
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH HUTTIG BERNET

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 Christian Bernet

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

7. Birth date of deceased 3 (Month) 9 (Day) 1862 (Year)

8. AGE: Years 80 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

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

MOTHER
14. Maiden name Caroline Schroeder
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Bernet
(b) Address 17 Windermere Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander T. Sons
(b) Address 6475 Delmar Blvd.

19. (a) AUG 14 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1942 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from July first, 1942, to August 13, 1942, that I last saw him alive on August 13, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration 1 month

Due to Terminal bronchio-pneumonia — 1 day

Due to cancer of stomach — 3 mo.

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

Major findings:
Of operations cancer of stomach
Of autopsy none performed

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

23. Signature Milton Smith (M. D. or other) M. D.
Address 3720 Washington Date signed 8/14/42

(Licensed Embalmer's Statement on Reverse Side)

Milton Smith
Beaumont Bldg.

3:30

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 Jas. E. McCulloh

Licensed Embalmer No. 2466

P. O. Address 6175 Delmar

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.