

LED. MAR 20 1943

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2369

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-5-43 to
In this community 3-10-43. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Richland
(c) City or town Olney
(If outside city or town limits, write "RURAL") SNR
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 5)

3. (a) PRINT FULL NAME Mr. Arthur Cyrus Berner

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

4. Sex M 5. Color or Race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased December 23, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 17 If less than one day hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business

MOTHER FATHER { 12. Name Wm Berner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Melissa Whitney
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Berner

(b) Address Olney, Illinois

17. (a) Removal (b) Date thereof 3/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olney, Illinois

18. (a) Signature of funeral director A. Ibert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd.

19. (a) J. F. Brudeck (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 10
year 1940 hour 5 minute 45 AM

21. I hereby certify that I attended the deceased from 3-5
1943 to 3-10, 1943

that I last saw him alive on 3-10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Heart stop. Septicemia.

Due to 6/1

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Banquine - left foot

Of operations

Of autopsy

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) (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed 3/10/43

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

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

Robert W. Knappe

Licensed Embalmer No.

1861

P. O. Address.....

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.