S. No. 2
M—2-43
r. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4217

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 110

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. 1/1/1944 (Specify whether years, months or days)
In this community: since 1/1/44.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: 999

(c) City or town: St. Elmo
(If outside city or town limits, write "RURAL")

(d) Street No.: 601 North Ash Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: Arthur N. Berndt

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: October (Month) 19 (Day), 1885 (Year)

8. AGE: Years 58 Months 2 Days 24 If less than one day: hr. min.

9. Birthplace: Indianapolis, (City, town, or county) Indiana. (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: -

FATHER
12. Name: Julius Berndt
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Smith
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: M. Schelling
(b) Address: Clinical Clerk, VAF, Jeff. bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-17-44 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Elmo, Illinois

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

19. (a) JAN 17 1944 (Date received local registrar) (b) E. J. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th, year 1944 hour 4:25 minute p. M.

21. I hereby certify that I attended the deceased from January 1, 1944 to January 13, 1944 that I last saw him alive on January 13, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage, spontaneous rupture of esophageal varix.	Abt. 2 wks.
Due to: Due to: Cirrhosis of liver, non-alcoholic.	Unknown
Due to:	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No operation.
Of autopsy: Autopsy performed. See cause of death.

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? (Specify type of place)
While at work? Cause of injury:

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: Chief Medical Officer Date signed: 1/14/44

(Licensed Embalmer's Statement on Reverse Side)

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. John Ogorowski

Licensed Embalmer No. 3398

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.