

No. 2
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
317

STATE OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

State File No. 41956
Registrar's No. 3605-

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town ROBERTSON
(c) Name of hospital or institution: AERO AUTO COURT 3
(d) Length of stay: In hospital or institution 5 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MICHIGAN (b) County CHIPPEWA
(c) City or town SAULT STE. MARIE
(d) Street No. RURAL
(e) Citizen of foreign country? NO
If yes, name country.

3. (a) PRINT FULL NAME BEARINCHA BERNIER
(b) If veteran, name war NO (c) Social Security No. NONE
(d) Sex F. / (e) Color or race W (f) (a) Single, widowed, married, divorced M
(g) (b) Name of husband or wife ALFRED A (h) (c) Age of husband or wife if alive 60 years
(i) Birth date of deceased DEC. 20 1891

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 29 year 1946 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from 12-26 1946 to 12-29 1946
that I last saw him alive on 12-25 1946 and that death occurred on the date and hour stated above.
Immediate cause of death Acute Cardiac Decompensation
Duration

8. AGE: Years 55 Months 0 Days 9 If less than one day hr. min.

Due to 950

9. Birthplace SAULT STE. MARIE MICH.
10. Usual occupation HOUSEWIFE

Other conditions Cardiac Asthma
Major findings: Of operations none
Of autopsy none

MOTHER FATHER
11. Industry or business
12. Name HIRAM HARNSTRA
13. Birthplace HOLLAND
14. Maiden name MARIE POELKER
15. Birthplace HOLLAND

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant ALFRED A. BERNIER
(b) Address SAULT STE. MARIE MICH.
17. (a) REMOVAL (b) Date thereof 12-31-46
(c) Place: burial or cremation SAULT STE. MARIE MICH.

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director
(b) Address 2504 WOODSON RD - OVERLAND MO
19. (a) 12-31-46 (b) Registrar's signature

23. Signature Henry Levine (M. D. or other) DO
Address 5141 1/2 Birchwood Road Date signed 12-29-46

(Licensed Embalmer's Statement on Reverse Side) Robertson, Mo.

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..... *Oscar J. Mueller*

Licensed Embalmer No. *3039*

P. O. Address..... *Overland, 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.