

FILED DEC 24 1946
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State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10680

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:
2627a Tennessee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
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. 2627a Tennessee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Bernadine Jansing

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased September 12, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 29
hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business.....

12. Name Herman Geers

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant August H. Jansing

(b) Address 2627a Tennessee

17. (c) Burial (b) Date thereof Dec. 14 '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frieden's Cemetery

18. (a) Signature of funeral director Bromschwig and Son Funeral Home

(b) Address 4746 W. Florissant Ave.

19. (a) DEC 13 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th
year 1946 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from September
1946 to December 1946
that I last saw her alive on December 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Squamous Cell carcinoma of cervix & metastases to lungs
Duration 1 1/2 yrs

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:.....

Of operations.....

Of autopsy none done

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? D (Specify type of place)

(e) Means of injury.....

23. Signature Dr. Vincent L. Eberly, M.D. (M. D. or other) M.D.

Address 1425 McDouland Date signed 12/13/46

*Dr. Victor Ewerle
St. Mary's Hospital*

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 *J. W. Wilkins*

Licensed Embalmer No. *3575*

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.