S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 21 1948

Registration District No. 6077

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7353

Registrar's No. 467

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)
In this community: 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 017
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No.: 7952 Leahy Avenue (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: BERNHARDT, Arthur H.
3. (b) If veteran, name war: SPAW
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married d
6. (b) Name of husband or wife: Lula
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 4 (Day) 1873 (Year)

8. AGE: Years 74 Months 8 Days 14 If less than one day hr. min.

9. Birthplace: Green Bay, Wisconsin (City, town, or county) (State or foreign country) 1
10. Usual occupation: Bridge & Iron Const.
11. Industry or business:
MOTHER FATHER
12. Name: John Bernhardt
13. Birthplace: Denmark (City, town, or county) (State or foreign country) 7
14. Maiden name: Ingerberg Hansen
15. Birthplace: Denmark (City, town, or county) (State or foreign country) 4
16. (a) Informant: Registrar
(b) Address: VAH, Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery J.B. Mo.
18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.
(b) Address: 7814 S. Broadway, St. Louis, Mo.
19. (a) 2-18-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1948 hour 12:30 AM minute A. M.

21. I hereby certify that I attended the deceased from February 13, 1948 to February 18, 1948; that I last saw him alive on February 18, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. CARCINOMA, SIGMOID COLON WITH EXTENSION TO BLADDER	Unk
2. PERITONITIS	
Contributory cause: RENAL FAILURE	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Exploratory Laparotomy with Colostomy 2/16/48
Of autopsy: Autopsy performed (See cause of death)

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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: 0

23. Signature: L. E. Stilwell M. D. or other
Address: Jefferson Barracks, Mo. Date signed: 2/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1948

MAR 2 1948

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.