

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9977**
2560
Registrar's No. _____

FILED MAR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

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:
St Johns Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 da (Specify whether
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DOU
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3720 St Louis 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY BERNSEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife AUGUST BERNSEN 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 10 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAR day 14
year 1948 hour 8 15 AM minute _____ M.
21. I hereby certify that I attended the deceased from MAR 13
1948 to MAR 14 1948
that I last saw h. a alive on MAR 13 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 1 Days 4 If less than one day hr. _____ min. _____
9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business OWN HOME
12. Name SUNTRUP
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace 9
(City, town, or county) (State or foreign country)

Immediate cause of death Hypertension Heart Disease
Due to Ch Essential Hypertension
Due to _____
Other conditions Rheumatic Heart Disease
(Include pregnancy within 3 months of death)
Major findings: 950
Of operations _____
Of autopsy Enlarged Heart
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Betty Kenny
(b) Address Overland Mo
17. (a) BURIAL (b) Date thereof 3-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY Ce M
18. (a) Signature of funeral director ORTMANN FUN. Home
(b) Address 9222 Hackland Overland Mo
19. (a) MAR 15 1948 (Date received local registrar)
J. T. Bracant (Registrar's signature)

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?
While at work? No (Specify type of place) (e) Means of injury _____
Signature Chas W Miller (M. D. or other) _____
Address 408 Humboldt Bldg Date signed 3-15-48

(Licensed Embalmer's Statement on Reverse Side)

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

0
17
9

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..... *Al C. Ostmann*

Licensed Embalmer No. *3478*

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.