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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10917

Registration District No. 217

Primary Registration District No. 3066

Registrar's No. 898

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 315 Way Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community About 32 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Loui 96

(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4

(d) Street No. 315 Way Ave. (If rural, give location) 3

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Henry Christopher Bernhardt

3. (b) If veteran, name war No.

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Florence A. Bernhardt

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March (Month) 24 (Day) 1876 (Year)

8. AGE: Years 72 Months " Days 5 If less than one day hr. min.

9. Birthplace Buffaloe (City, town, or county) New York (State or foreign country) 1

10. Usual occupation Dentist

11. Industry or business

FATHER
12. Name Christopher Bernhardt
13. Birthplace UNKNOWN (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Carl
15. Birthplace UNKNOWN (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Florence A. Bernhardt

(b) Address 315 Way Ave. Kirkwood Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Parker Und Co.

(b) Address Webster Groves Mo.

19. (a) 4-7-48 (Date received local registrar) (b) Beula J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 1948 hour 11:00 minute p. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 200	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Alice R. Sharp (M. D. ~~Coroner~~)

Address Commissioner of Health Date signed 4-6-48

(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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves 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.