S. No. 2
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5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14952

Registrar's No. 1027

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. Big Bend & Geyer Rds.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME Sr. Philomena Bernhard
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 30 ~~xx~~ 1911
(Month) (Day) (Year)

8. AGE: Years 36 | Months 7 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Unk (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation ~~S~~ Nun
11. Industry or business .....

FATHER
12. Name Conrad Bernhard
13. Birthplace Unk (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unk (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Rev. Fethe Berry
(b) Address Big Bend & Geyer Rds.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 27 48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's College Cemetery
18. (a) Signature of funeral director [signature]
(b) Address 1389 Union Blvd.
19. (a) 4-26-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1948 hour 5 minute 0 P.M.

21. I hereby certify that I attended the deceased from July 31, 1946, to April 24, 1948; that I last saw her alive on April 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Far Advanced Pulmonary Tuberculosis	5 yrs.
Due to	
Due to	
Other conditions: Tbr. Appendicitis (Include pregnancy within 3 months of death)	—
Major findings: Of operations: Tbr. Appendix	
Of autopsy	

13 b

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) .....
(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 .....

23. Signature John C. Murphy (M. D. or other) M. D.
Address 3720 Washington Date signed 4-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dan

J Allen Davis

4053

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 Allen Davis Jr.

Licensed Embalmer No. 4053.

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.