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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

20657
State File No. 5779
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos; 2 days
(Specify whether)
In this community 14 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 736 Bayard
12 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Willie Bernard

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 2 5. Color or race Col 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HARRIETT BERNARD 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan 9 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 5 15 hr. min.

9. Birthplace Miss. 1
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business

MOTHER FATHER
12. Name Jim BERNARD
13. Birthplace Miss 1
(City, town, or county) (State or foreign country)
14. Maiden name SALLIE FORTNER
15. Birthplace Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant HARRIETT BERNARD

(b) Address 736 BAYARD

17. (a) SHIPPED (b) Date thereof 6-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Notches Miss

18. (a) Signature of funeral director F. A. Green

(b) Address 4214 DELMAR Blvd.

19. (a) JUN 28 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 8 minute 20 AM.

21. I hereby certify that I attended the deceased from 3-22- 19 48 to 6-24-48;
that I last saw h. im alive on 6-24-48
and that death occurred on the date and hour stated above.

Immediate cause of death Epidermoid Carcinoma of Tongue, Floor of Mouth with Regional Metastases Unk
Duration

Due to Primary in Tongue

Due to 45
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature B. S. Phillips (M. D.)
Address 2601 N Whittier St. Date signed 6-25-48

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

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.....

Grayton H. Swan....., Registered Apprentice No. *101*
working under my personal supervision.

Signed *F. A. Green*.....

Licensed Embalmer No. *2963*.....

P. O. Address *4214 Dolman*.....

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.