

S. No. 300
M-1047
rv. 5-17-39
I 3905

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37866**
Registrar's No. **10445**

FILED DEC 14 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2513 N. Sarah St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **George Bernhardt**
(b) If veteran, name war.....
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **12th**
year **1948** hour **2** minute **A.** 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.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife.....
Minnie Bernhardt
6. (c) Age of husband or wife if alive **70** years

Immediate cause of death.....
Coronary Sclerosis
Arteriosclerosis
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

7. Birth date of deceased **Sept. 12 1858**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
90 **2** **18** hr. min.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically:

9. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
10. Usual occupation **Stationary Fireman**
(Retired)

11. Industry or business.....
12. Name..... **Unknown**
13. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)

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?.....

16. (a) Informant **Minnie Bernhardt**
(b) Address **2513 N. Sarah St.**
17. (a) **burial** (b) Date thereof **12-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**
18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**
19. (a) **DEC 1 1948** (b) **J. B. Farster**
(Date received local registrar) (Registrar's signature)

White at work?..... (Specify type of place)
(e) Means of injury **3**
23. Signature **Patrick E. Taylor** (M, D, or other)
Address **1300 Clark** Date signed **12-1-48**

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..... *Warren A. Carver*

Licensed Embalmer No. *3534*

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.