

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11442

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 4464	Registrar's No. 771
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OVERLAND</b>		
c. LENGTH OF STAY (in this place) <b>YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>9201-LACKLAND RD.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9201-LACKLAND RD.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Anna</b> c. (Last) <b>Berner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 22 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 24, 1878</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Highland, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>John Leuner</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah</b>	14. NAME OF HUSBAND OR WIFE <b>Andrew Dcd.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Eugene Berner 10037 Driver Overland, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause unknown</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Name, Degree or title) <b>Robert L. Douke</b>		23b. ADDRESS <b>651 South Brentwood Boulevard</b>		23c. DATE SIGNED <b>3/24/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-25-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery via Motor</b>	24d. LOCATION (City, town, or county) (State) <b>Highland, Ill.</b>
DATE REC'D BY LOCAL <b>MAR 24 1950</b>		REGISTRAR'S SIGNATURE <b>Robert L. Douke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Blumenthal Bros Inc. 2504 Woodson Rd - Overland - Ill - Mo.</b>

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

(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 3457

working under my personal supervision.

Student Embalmer No. ....

Signed David C. Gibson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3457

P. O. Address David C. Gibson

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.