

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21255

BIRTH NO.		REG. DIST. NO. 310	PRIMARY REG. DIST. NO. 3058	Registrar's No. 106
1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 0923		
d. FULL NAME OF HOSPITAL OR INSTITUTION 317 North Fifth Street		d. STREET ADDRESS (If rural, give location) 317 North Fifth Street		
3. NAME OF DECEASED (Type or Print) a. (First) Odelia b. (Middle) M. c. (Last) Bernhoester			4. DATE OF DEATH June 14, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 8 1872	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home duties	11. BIRTHPLACE (State or foreign country) Boschertown (St. Charles Co) Mo-	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Boschert		13b. MOTHER'S MAIDEN NAME Margaret Beck	14. NAME OF HUSBAND OR WIFE Frank J. Bernhoester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank J. Bernhoester - St. Charles, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver (metastatic)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast  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 6 yrs  170X
19a. DATE OF OPERATION Jan 1944	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1944, to June 14, 1950, that I last saw the deceased alive on June 8, 1950, and that death occurred at 2:10 A.M., from the causes and on the date stated above.				
22a. SIGNATURE (Degree or title) J. M. Franklin M.D.		22b. ADDRESS St. Charles, Mo.		22c. DATE SIGNED 6-14-50
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE June 16, 1950	22c. NAME OF CEMETERY OR CREMATORIUM St. Charles Borrowed	22d. LOCATION (City, town, or county) (State) St. Charles, Missouri	
DATE RECD BY LOCAL REG. 6-23-50	REGISTRAR'S SIGNATURE Franine Hamilton	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Hallmeyer & Sons Co 800 N. 2nd - St. Charles, Mo.		

(Licensed Embellisher's Statement on Reverse Side)

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

925  
1

7-9-1950

District File Number \_\_\_\_\_

District Health Officer No. 9

JUN 23 1950

RECEIVED

**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 4189

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Joseph F. Landolt  
Licensed Embalmer No. 4189

P. O. Address St Charles 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.