

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34586

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9131

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2919 S. 13th ST.		d. STREET ADDRESS (If rural, give location) 2919 S. 13th ST.	

3. NAME OF DECEASED (Type or Print) JACOB - BERNHARDT	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) OCT. 26 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 8 1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME HENRY BERNHARDT	13b. MOTHER'S MAIDEN NAME EVA MAAG	14. NAME OF HUSBAND OR WIFE JOYCE BERNHARDT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 492-10-5234	17. INFORMANT'S SIGNATURE OR NAME JOYCE BERNHARDT	ADDRESS 2919 S 13th
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer - Surgis.		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Involvement of vertebra.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 163X

22. I hereby certify that I attended the deceased from 8-30, 1950 to 10-25, 1950, that I last saw the deceased also on 10-25, 1950 and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE John A. Newbler M.D. (Degree or title)	23b. ADDRESS 1504 So Grand Ave	23c. DATE SIGNED 10-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 30 1950	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REG. OCT 27 1950	REGISTRAR'S SIGNATURE J B Coaster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuti 2906 Beavon
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *James E. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No. *4347*

P. O. Address *2906 Prairie*

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.