

FILED DEC 16 1950 STANDARD CERTIFICATE OF DEATH

State File No. 42008

9302

BIRTH NO. 76193-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) B TOWN Atwater Tr. 4130		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke Hospital			d. STREET ADDRESS (If rural, give location) 10196 Winkler Dr. 1		
3. NAME OF DECEASED (Type or Print) a. (First) Carol b. (Middle) Jane c. (Last) Bernsen.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1950.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct., 31, 1950.	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days 11/2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Thomas J. Bernsen		13b. MOTHER'S MAIDEN NAME Erma-Joy Smith		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Thomas J. Bernsen		ADDRESS 10196 Winkler Dr.	
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) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature delivery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION none done				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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? 776X			
22. I hereby certify that I attended the deceased from 10-31, 1950, to 11-1-50, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred 10 A.M., from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) MD			23b. ADDRESS 340 Bermuda Ave		23c. DATE SIGNED 11-1-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 2/50.	24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cem.	24d. LOCATION (City, town, or county) (State) Normandy, Mo.		
DATE REC'D BY LOCAL REG. NOV 2 1950	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.		

(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.....
Student Embalmer

Signed.....

Joseph W. Brooks

Licensed Embalmer No. 1661.....

No embalming

P. O. Address 1125 Hodiamont Ave.....

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.