

FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19186

State File No. _____
Registrar's No. **4529**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

3

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Emment 2 Hospital		d. STREET ADDRESS (If rural, give location) 3420 Rutger St	

3. NAME OF DECEASED (Type or Print) a. (First) Ada b. (Middle) J. Bernard c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 1 1953		
5. SEX Female	6. COLOR OR RACE negro	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 23, 1893	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR (Months) (Days) 4 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Wife		10b. KIND OF BUSINESS OR INDUSTRY Romantic		11. BIRTHPLACE (City and State or Foreign Country) Louisiana	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Peter Smith			
13b. MOTHER'S MAIDEN NAME Francis Appleton		14. NAME OF HUSBAND OR WIFE John A Bernard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John A Bernard 3420 Rutger	

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, asthenia, 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)		Coronary Occlusion (Sclerotic)				
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.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

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 **9:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE John A Bernard (Print name or title)		23b. ADDRESS 1300 Class		23c. DATE SIGNED 5/4/53	
24a. BURIAL (CREMATION) REMOVAL (Specify) Removal		24b. DATE May 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Finney 3644 Finney			

DATE REC'D BY LOCAL REG. **MAY 4 1953**
REGISTRAR'S SIGNATURE **J. Carl Smith MD**
MAY 28 (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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Louis V. Atkinson

Licensed Embalmer No. *2842*

P. O. Address *3644 Finney*

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.