

FILED JUN 5 1953

STANDARD CERTIFICATE OF DEATH

State File No. 19187
4805

BIRTH NO. _____ 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) | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) University City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If rural, give location) 722 Pennsylvania 4346 | |

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|---|---------------------------|---|-----------------------------------|---|---------------------------|---|-------------------------|
| 3. NAME OF DECEASED (Type or Print) Jacob | | b. (Middle) Bernhardt | | c. (Last) T. | | 4. DATE OF DEATH (Month) (Day) (Year) May 10, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH July 22, 1889 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 4 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Used Cars | | 11. BIRTHPLACE (State or foreign country) Roumania | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Ely Bernhardt | | 13b. MOTHER'S MAIDEN NAME Rachel (unk) | | 14. NAME OF HUSBAND OR WIFE Bessie Bernhardt | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. 487-38-1179 | | 17. INFORMANT'S SIGNATURE OR NAME Bessie Bernhardt | |
| | | | | ADDRESS 722 Pennsylvania | |

| | | | |
|--|--|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive C-V. Disease | | INTERVAL BETWEEN ONSET AND DEATH 8 mod. |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | |
| | DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|---|--|
| 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) 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? 443X | |

22. I hereby certify that I attended the deceased from 12/16, 1952, to 5/10, 1953, that I last saw the deceased alive on 5/10, 1953, and that death occurred at 10:00 m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|---|--|
| 23a. SIGNATURE <i>W. D. D. 539 N. Grand</i> | | 23b. ADDRESS W. D. D. 539 N. Grand | | 23c. DATE SIGNED 5/10/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5/12/1953 | | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | |
| 24d. LOCATION (City, town, or county) (State) University City, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Berger Memorial 4715 McPherson Ave. | | | |
| DATE REC'D BY LOCAL REG. MAY 12 1953 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | ADDRESS | |

(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

Dennis G. Quackling

Signed.....

Student Embalmer

Licensed Embalmer No. *4889*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.