

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40189**
11362
 Registrar's No.

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

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. LENGTH OF STAY (in this place) 36 yrs.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3827a Humphrey St.		e. STREET ADDRESS (If rural, give location) 16 3827a Humphrey			
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) FRANCES c. (Last) BERNARD			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2	8. DATE OF BIRTH Feb. 22, 1870	9. AGE (In years last birthday) 83 yrs.	f. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Whitesville, Ky.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Will Ditto		13b. MOTHER'S MAIDEN NAME Martha Evans	
14. NAME OF HUSBAND OR WIFE Grafton W. 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. -	
17. INFORMANT'S SIGNATURE OR NAME Mr. & Mrs. Alan J. McDo nald		17. ADDRESS 3827a Humphrey St.		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.	
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 422.2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 15, 1952 , to Nov. 30, 1953 , that I last saw the deceased alive on Nov. 19, 1953 , and that death occurred at 10:15 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE Ralph Berg		(Degree or title)		23b. ADDRESS 3203 S Grand	
23c. DATE SIGNED 11/30/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 2, 1953	
24c. NAME OF CEMETERY OR CREMATORY Clarksville, Mo.		24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. ADDRESS 1936 St. Louis Ave.	
DATE REC'D BY LOCAL REG. DEC 1 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

Phone - SI 7857
Hours -

5203 S. GREEN

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 _____
Signature of Student Embalmer

Signed Doug Mace
Licensed Embalmer No. 459
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.