.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45199

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12291

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS
c. LENGTH OF STAY (In this place): 37 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: 2209
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 20 2509a Glasgow

3. NAME OF DECEASED (Type or Print)
a. (First): MAE
b. (Middle): L.
c. (Last): BERNARD

4. DATE OF DEATH (Month) (Day) (Year): DEC 25 1953

5. SEX: Female 3

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married /

8. DATE OF BIRTH: March 20, 1900

9. AGE (In years last birthday): 53 — If under 1 year: Months 9, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician

10b. KIND OF BUSINESS OR INDUSTRY: Beauty Parlor

11. BIRTHPLACE (City and State or Foreign Country): Alton, Illinois /

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Edward Hawkins

13b. MOTHER'S MAIDEN NAME: Victoria Donerson

14. NAME OF HUSBAND OR WIFE: William Bernard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Katherine Washington, 4388a St. Louis

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of the uterus w/metastases to the liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

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: Dec. 3, 1953

19b. MAJOR FINDINGS OF OPERATION: Sarcoma of the uterus w/metastases to the liver

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 174X

22. *I hereby certify that I attended the deceased from* 11/21/53, 19___, *to* 12/25/53, 19___, *that I last saw the deceased alive on* DEC 25 1953, 19___, *and that death occurred at* 6:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F R Bradley MD

23b. ADDRESS: BARNES HOSPITAL

23c. DATE SIGNED: DEC 25 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 12/31/53

24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery

24d. LOCATION (City, town, or county) (State): Alton, Illinois

DATE REC'D BY LOCAL REG.: DEC 29 1953

REGISTRAR'S SIGNATURE: J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Charles J. Gates, 4107 Finney Ave.

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.