

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21687**
5752
Registrar's No.

FILED JUN 29 1956

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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)	c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		STREET ADDRESS (If rural, give location) 5401 Thrush Ave.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) Jack	b. (Middle) Lawrence	c. (Last) Bernard	(Month) June	(Day) 16
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 16, 1902		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Terminal R.R.		11. BIRTHPLACE (City and State or Foreign Country) Delevan, Illinois
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles Bernard		13b. MOTHER'S MAIDEN NAME Ada (Unknown)		14. NAME OF HUSBAND OR WIFE Florence M. Bernard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE AND ADDRESS Florence M. Bernard, 5401 Thrush Ave.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
MEDICAL CERTIFICATION Brain Injury (Traumatic) with subdural hemorrhage suffered when struck by car operated by one George Mass. one vicinity of Park and Thrush Avenues, about 12:16 am			

19a. DATE OF OPERATION June 9 1956.		19b. MAJOR FINDINGS OF OPERATION June 9 1956.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) St. Louis Mo (STATE) Mo	
21d. TIME OF INJURY June 9 56 12:16 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? coll	

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 **12:16 am**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. Smith		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/18/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/19/56		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri					

DATE REC'D BY LOCAL REG. JUN 18 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS PROVOST UND. CO., 3710 No. Grand Bl.	
--	--	--	--	---	--

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 Student Embalmer No. working under my personal supervision.

Student.....

Signature of Student Embalmer

Signed

Gustavo W. Duarte

Licensed Embalmer No. 432

P. O. Address St. Louis, Mo.

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.