

FILED DEC 30 1957

STANDARD CERTIFICATE OF DEATH

State File No. 45615

11773

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

1. PLACE OF DEATH a. COUNTY Missouri b. CITY OR TOWN St. Louis

c. CITY OR TOWN St. Louis d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital

e. STREET ADDRESS 6232 Genevieve Avenue.

3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) E. c. (Last) BERNERT 4. DATE OF DEATH Dec. 5, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8. DATE OF BIRTH Dec. 19, 1890 9. AGE 66

10a. USUAL OCCUPATION Maintinance 10b. KIND OF BUSINESS OR INDUSTRY Past Office Dept. 11. BIRTHPLACE St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Bernert 13b. MOTHER'S MAIDEN NAME Thekla Erler 14. NAME OF HUSBAND OR WIFE Gizella Bernert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. G. Bernert 5232 Genevieve Ave. ADDRESS

18. CAUSE OF DEATH renal insufficiency, cancer of bladder, infection of 1st index finger

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 181x 20. AUTOPSY? YES [X] NO []

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951 to 12-5, 1957, that I last saw the deceased alive on 12-5, 1957 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Louis N. Berard (Degree or title) M.D. 23b. ADDRESS 812 Olive St. 23c. DATE SIGNED 12/6/57

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 12/9/57 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION St. Louis, Missouri

DATE REC'D BY LOCAL REG. DEC 9 57 REGISTRAR'S SIGNATURE John Stygar M.D. 25. FUNERAL DIRECTOR'S SIGNATURE JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. ADDRESS

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.....
J. W. Ristau

Licensed Embalmer No. *3980*

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.**