

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012230

STATE FILE NUMBER

FILED VS. MAR 22 1960 310

Registration District No. 310 Primary Registration District No. 6051 Registrar's No. 66

ENDED

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles Township</b>		Length of stay in 1b <b>25 yrs.</b>		c. CITY OR TOWN <b>St. Charles</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Highway B</b>			d. STREET ADDRESS (If outside, give location) <b>Highway B, 14 mi. no. St. Charles</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Charles Harold Bernard</b>			4. DATE OF DEATH Month Day Year <b>March 11, 1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-1-1934</b>	9. AGE (last birthday) <b>25</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unable to work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (City and state or country) <b>St. Charles, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Fred Bernard</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Trendley</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Fred Bernard, RR 1, St. Charles, Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b> DUE TO (b) <b>Influenza</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>10 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Subsidiety from Birth.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>March 7, 1960</b> to <b>March 11, 1960</b> and last saw her alive on <b>March 7, 1960</b> Death occurred at <b>4 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>J. J. Peters Mo</b> (Degree or title)			22b. ADDRESS <b>St. Charles Mo</b>		22c. DATE SIGNED <b>March 12, 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Mar 14, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Borromeo Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>	
24. FUNERAL DIRECTOR <b>Geo. Stiefvater, St. Peters, Mo.</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>3/12/60</b>		26. REGISTRAR'S SIGNATURE <b>Marceena Wilson</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3157

P. O. Address St. Charles

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.