URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 9 1960

-60-048317

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3600

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay
Length of stay in 1b YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 Wachtel ave.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Lemay
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 408 Wachtel
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANNA Middle MARIA Last BERNARD
4. DATE OF DEATH Month DEC. Day 12 Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Feb. 9, 1874
9. AGE (last birthday) 86
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Burlington, Iowa
12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME Fred Kneubuhl
13b. MOTHER'S MAIDEN NAME Unknown Cooper
14. NAME OF HUSBAND OR WIFE George W.
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 Rolland Bernard Address 338 Cannonbery

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 20 months
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 APRIL 1959, to PRESENT and last saw her alive on 25 NOV. 1960
Death occurred at 10:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David Martin Lieberman, M.D. (Degree or title)
22b. ADDRESS ST. LOUIS 457 N. KINGS HIGHWAY
22c. DATE SIGNED Dec 12, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-15, 1960
23c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery
23d. LOCATION (City, town, or county) (State) ST. LOUIS, Co. Mo.

24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries
ADDRESS 7814 S. Broadway
25. DATE RECD. BY LOCAL REG. 12-13-60
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Bill C. Brann

Signature of Student Embalmer

Licensed Embalmer No. 4269

P. O. Address St Louis

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