

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5363  
Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township **St. Louis** ..... Primary Registration District No. **1003**  
(c) City **St. Louis** ..... (d) Street No. **City Hospital** ..... St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
**0. 1718**

2. PRINT FULL NAME **Bernard Edensor 352**  
(a) Residence, No. **2640 Park** St. **23** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 26-1866**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<b>71</b>	<b>9</b>	<b>28</b>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **nil**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

FATHER

13. NAME **William Edensor**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

MOTHER

15. MAIDEN NAME **Elizabeth Allen**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **?**

17. INFORMANT **Hosp. Info M. Kent**  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE **CEM NEW ST. MARCUS** DATE **FEB. 26 1938**

19. FUNERAL DIRECTOR **E. J. Schurr**  
(ADDRESS) **3125 Lafayette Ave**

20. FILED **FEB 25 1938**  
**J. T. Baedeker**  
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/23/38** 19 **38**

22. I HEREBY CERTIFY That I attended deceased from **2/21/38**, 19 **38** to **2/23/38**, 19 **38**  
I last saw him **alive on 2/23/38**, 19 **38** Death is said to have occurred on the date stated above, at **2. P.**  
The principal cause of death and related causes of importance were as follows:  
**arteriosclerotic heart disease with arricular fibrillation** Date of onset **1918**

Other contributory causes of importance: **15'**

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19 **38**  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....  
(Signed) **E. P. Reib** M. D.  
(Address) **City Hospital No. 1**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Joseph Kollmer, Licensed Embalmer No. 4014  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph Kollmer

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Joseph Kollmer

Licensed Embalmer No. 4014

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.)