

39 JAN 11 1939

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

41327  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .... 1003  
(b) Township ..... Primary Registration District No. ....  
(c) City Saint Louis, Missouri (d) Street No. 3223 Iowa Ave. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

2. PRINT FULL NAME

Mary Bernhardt  
(a) Residence, No. 3223 Iowa Ave. St. 24 (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 Female 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 Charles Bernhardt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27th, 1877.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 6 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Wife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Saint Louis, Missouri.

FATHER 13. NAME Jacob Emling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Margaret Brghof

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Leola Bernhardt (ADDRESS) 3223 Iowa Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old S. S. Peter & 5th DATE December 24, 1938

19. FUNERAL DIRECTOR Gigenheim Bros. (ADDRESS) 2623 Cherokee Street.

20. FILED J. D. Buddeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1938, to Dec 21, 1938. I last saw him alive on Dec 21, 1938. Death is said to have occurred on the date stated above, at 1:30A.M.  
The principal cause of death and related causes of importance were as follows:

Acute Bronchitis  
1060  
Asphyxia Bronchial  
Date of onset Dec 21/38

Other contributory causes of importance:  
Asphyxia Bronchial

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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? No  
If so, specify \_\_\_\_\_  
(Signed) Dr. Henry W. Seligson, M. D.  
(Address) 2603 Cherokee St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Vearl E. Morris., Licensed Embalmer No. 3360.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed V E Morris

Licensed Embalmer No. 3360

**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.)**