

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.

REC'D FEB 10 1939

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

160  
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 4312 W. Papin St. Registered No. 160  
(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

6513 Cecelia F. Berndt  
(a) Residence, No. 4312 W. Papin St. St. 18 (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 Late Paul Berndt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1871

7. AGE YEARS 67 MONTHS 11 DAYS 8 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H. Wk.  
9. Industry or business in which work was done, as saw mill, bank, etc. At home  
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) Germany 6

FATHER 13. NAME Joseph Frimel 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Annd Imse

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

17. INFORMANT (ADDRESS) Paul J. Berndt  
4312 W Papin St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 1-6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Widgahauer Mortuaries  
4228 S. Kingshighway

20. FILED JAN 4 1939 J. D. Biedler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1938, to Jan. 3, 1939  
I last saw her alive on Jan. 3, 1939. Death is said to have occurred on the date stated above, at 12 p. m.

The principal cause of death and related causes of importance were as follows:  
Hypertensina Heart Disease Date of onset 9/17/38

Other contributory causes of importance:  
Lobar Pneumonia, right. 1/2/39

Name of operation None Date of .....  
What test confirmed diagnosis? Usual 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.....  
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) Leon C. Hale, M. D.  
(Address) 1507 So. Grand Blvd.

**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 .....

Registered Apprentice No....., working under my personal supervision,

Signed.....

*Edwin M. Seruath*

Licensed Embalmer No. 3024

P. O. Address .....

**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 this body is not embalmed, above space should be left blank.**