

SEP 25 1940 791
Registration District No.

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6036a Suburban **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days) **652**

3. (a) PRINT FULL NAME **Vincent . Jos. Bernsen.**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **488-10-0148**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 26 1916**
(Month) (Day) (Year)

8. AGE: Years **24** Months **4** Days **8** If less than one day hr. min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business.....

MOTHER FATHER { 12. Name **Joseph F. Bernsen**

13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Brunner**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Joseph F. Bernsen**

(b) Address **6036 Suburban Ave.**

17. (a) **Burial** (b) Date thereof **Aug 5 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter & St. Paul**

18. (a) Signature of funeral director **J. W. Clark.**

(b) Address **1125 Hodiamont Ave**

19. (a) **AUG 4 1940** (b) **J. F. Bredbeck**
(Inscribed by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County.....
(c) City or town **St. Louis** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **6036 Suburban Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **3**
year **1940** hour **10** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **5-9-39**
....., 19....., to **8-3-40**, 19.....;
that I last saw him alive on **8-3-40**, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis 1 yr. +**
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature **J. F. Bredbeck** (If D. or other).....
Address **2602 S Grand** Date signed **8-3-40**

Dr. J. J. [unclear]
2602 [unclear]
for hours 6-8 PM

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 _____
Licensed Embalmer No. 3725
P. O. Address 1125 [unclear]

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.