No. 2
11-10-39
3-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36809 9082

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name township)
(c) Name of hospital or institution: City Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hrs. (Specify whether years, months or days)
In this community Life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 1927 Benton St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julia Bernabe.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ Carlos

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb. (Month) 25 (Day) 1891 (Year)

8. AGE: Years 49 Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER

12. Name Charles Kronsberg
13. Birthplace Germany. (City, town, or county) (State or foreign country)

14. Maiden name Mina Borches
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Carlos Bernabe
(b) Address 1927 Benton St.

17. (a) Bethany. (Burial, cremation, or removal) (b) Date thereof Nov. 4 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Bederwoods Funeral Home
(b) Address 1926 St. Louis Ave.

19. (a) NOV 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1940 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature [signature] (M. D. or other)
Address Date signed 11/4/40

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3737

P. O. Address 1936 St. Louis Av

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.