

1940
Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2258

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town RICHLAND HEIGHTS, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARYS HOSPITAL
(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

3. (a) PRINT FULL NAME BERNARD FRANCIS BLACK

3. (b) If veteran, name war _____
3. (c) Social Security No. 497-10-9160

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLOTTE MCQUINE
6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased MAY 30 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days -
If less than one day hr. _____ min. _____

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

10. Usual occupation FOREMAN

11. Industry or business CAMP ROBINSON

12. Name JOHN BLACK

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

14. Maiden name LILLIAN J. EDWARDS

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

16. (a) Informant Marjorie Coleman

(b) Address 8407 Elmora Ave, N.C.

17. (a) BURIAL (b) Date thereof 12-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles

18. (a) Signature of funeral director H. M. Muller

(b) Address 516 S. Delmar St.

19. (a) DEC 1 1940 (b) R. M. M. D. S. P. H.
(Date received local health) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County St. Louis
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 8407 ELMORE AVE
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 8, 1940 to Nov. 30, 1940
that I last saw h. m. alive on Nov. 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular-Renal disease with Ootic regurgitation
Due to Subs

Due to Pulmonary abscess

Other conditions (Include pregnancy within 3 months of death) 3 4

Major findings: Of operations _____
Of autopsy yes Ootic regurgitation of heart Pulmonary abscess

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)
_____ or Means of injury _____

23. Signature Les J. Gerald (M. D. or other) I
Address 6677 Delmar Blvd. University City Date signed Dec 1, 1940

Duration _____
Physician _____
Underline the cause to which death should be charged statistically.
March 8, 1940
Do not know
Nov 10, 1940

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

22

1901

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 *Howard F. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *Otterbein, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.