S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12054

FILED APR 9 1941

Registration District No. 184 Primary Registration District No. 111 Registrar's No. 557

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Mary's Hosp 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State IOWA (b) County 13
(c) City or town WATERLOO 0
(If outside city or town limits write "RURAL")
(d) Street No. 506 Second ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? DO NOT KNOW years.

3. (a) PRINT FULL NAME REV. BERNARD FERDLAND
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE 0
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 DO NT KNOW (Month) (Day) (Year)
8. AGE: Years ABT 66 Months — Days — If less than one day hr. min.
9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
10. Usual occupation RELIGIOUS PRIEST
11. Industry or business
FATHER 12. Name DONT KNOW
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name DONT KNOW
15. Birthplace GERMANY (City, town, or country) 4 (State or foreign country)
16. (a) Informant Rev Mother Concordia
(b) Address 6400 Clayton
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-12-41 (Month) (Day) (Year)
(c) Place: burial or cremation WATERLOO IOWA
18. (a) Signature of funeral director Thomas J Fitzsimon
(b) Address 1519 So Grand
19. (a) (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 6 1941 to March 12 1941 that I last saw him alive on March 12 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
c Cardiac decompensation — Duration 3/12/41
Due to Hypertension
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) 0
Major findings: Of operations
Of autopsy None

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 James J Wolf M.D. (M. D. or other)
Address 1004 Fine Arts Bldg Date signed 3/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas J. Finan

Licensed Embalmer No. 1197

P. O. Address 8 Louis M

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

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