

FILED APR 1 1945
Registration District No. 218

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2352

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:
1216 N. 7th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 61 Years 10 Mos. 15 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 419 Cole St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Bernard

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1944 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

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

7. Birth date of deceased May 1882
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Penetrating gunshot wound of left side of chest, self-inflicted, with bullet entering at 1216 N. 7th St. March 25 1944 at 8:00 AM

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

61 10 15 hr. min.

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

Major findings: _____

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

10. Usual occupation Unemployed for 10 Years

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business None

12. Name Unknown Bernard

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Rosario Buffa

(b) Address 1216 N. 7th St.

17. (a) Burial (b) Date thereof 3/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Mar 25 1944

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Daughters Room

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

While at work _____ (Specify type of place)

Means of injury gunshot

19. (a) MAR 25 1945 (b) J. F. Breeseck
(Date received and registered) (Registrar's signature)

23. Signature Albert Bernard (M. D. or other)
Address _____ Date signed 3/27/44

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 Frank A. Dwyer

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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, fact should be so stated above.