S. No. 2
M—1/47
r. 5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32325

FILED SEP 18 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 470

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1476 Stewart Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emil A. Bernius
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lulu F. Bernius
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased September (Month) 15 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	21	hr. min.

9. Birthplace Mascoutah (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Insurance Broker
11. Industry or business Self
12. FATHER Name George Bernius
13. FATHER Birthplace Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name not known
15. MOTHER Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lulu F. Bernius
(b) Address 1476 Stewart Place
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Chapel of Memories
18. (a) Signature of funeral director A. Kiss & Co.
(b) Address 2707 N. Grand Blv'd
19. (a) SEP 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6 year 1947 hour 12 minute 06 a. M.
21. I hereby certify that I attended the deceased from Aug. 27, 47, 1947, to Sept. 5, 1947 that I last saw him alive on Sept. 5, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
carcinomatosis
Due to ca. of left lung
Due to and metastasis in liver
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy ca of lung (l) metastasis in liver

PHYSICIAN — Underline the cause of 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 Hermann Weiss M. D.
Address 508 No. Grand Date signed Sept. 6, 1947

Jefferson City Printing Co.

(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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.