

FILED APR 10 1948

Registration District No. 305

Primary Registration District No. 6047

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles 92
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near New Melle, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BERNITH PAUL

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F / 5. Color or race W 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: Oct. 29 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 5 1 _____ hr. _____ min.

9. Birthplace: St. Charles Co. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name Ervin Paul
13. Birthplace Warrenton, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Dora Holtman
15. Birthplace St. Charles Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ervin Paul
(b) Address Foristell, Mo.
17. (a) Burial (b) Date thereof April, 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cappeln, Mo.

18. (a) Signature of funeral director Walter M. ...
(b) Address Wentzville, Mo.
19. (a) 3-31-48 (b) Walter M. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
year 1948 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 29 1948 to Nov. 30 1948
that I last saw him alive on 3/29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Measles. 2 Hrs.
Due to

Due to

Other conditions Measles
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy measles 0

Duration

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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature H. C. Mc Murray (M. D. or other) MD
Address Wentzville, Mo. Date signed 3/31/48

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

2000

RECEIVED

District Health Officer No. 5

District File Number

Date Filled

4-8-48

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.....

Harvard Kessler....., Registered Apprentice No. *201*
working under my personal supervision.

Signed *Mavis Muehling*.....

Licensed Embalmer No. *2469*.....

P. O. Address *Wentzville, mo*.....

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.