

STANDARD CERTIFICATE OF DEATH

State File No. **18047**

FILED MAY 27 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **846**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3636 St. Mary's Lane		d. STREET ADDRESS (If rural, give location) 3636 St. Mary's Lane	

3. NAME OF DECEASED (Type or Print) **OTTO F. BERNSEN.** 4. DATE OF DEATH (Month) (Day) (Year)
April 7, 1949.

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1892.	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool Grinder	10b. KIND OF BUSINESS OR INDUSTRY Wagner E. Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Bernsen	13b. MOTHER'S MAIDEN NAME Caroline Haukamp	14. NAME OF HUSBAND OR WIFE Helen Bernsen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes #1	16. SOCIAL SECURITY NO. 493-03-6581	17. INFORMANT'S SIGNATURE OR NAME Helen Bernsen	ADDRESS 3636 St. Mary's Lane
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis		
	DUE TO (c) Chr. nephritis 5924		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none other 131b			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-3-49** to **4-7-49**, that I last saw the deceased alive on **4-5-49**, and that death occurred at **2:45 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo H. Linker, M.D.	23b. ADDRESS 340 Bermuda	23c. DATE SIGNED 4-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 9/49.	24c. NAME OF CEMETERY OR CREMATORY St. Ann's Cem.	24d. LOCATION (City, town, or county) (State) Normandy, Mo.
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DATE REC'D BY LOCAL REG. 4-8-49	REGISTRAR'S SIGNATURE Thurid Bernsen	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiament Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

Dr. Geo. Klunkerfuss

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.....

Student Embalmer No.

working under my personal supervision.

Signed *Clement McNeary*

Signed.....
Student Embalmer

Licensed Embalmer No. *3739*

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.