

FILED MAR 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7092

817

4464

624

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.															
1. PLACE OF DEATH a. COUNTY St. Louis County				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 OVERLAND		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		d. STREET ADDRESS (If rural, give location) 2918 Hilleman															
d. FULL NAME OF HOSPITAL OR INSTITUTION burial home 3338 Eminence				d. STREET ADDRESS (If rural, give location) 2918 Hilleman																	
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin			b. (Middle) Robert		c. (Last) Bernard		4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1950														
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Oct. 8, 1924		9. AGE (in years last birthday) 25		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY none				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA											
13a. FATHER'S NAME Benjamin Bernard				13b. MOTHER'S MAIDEN NAME Grace Smith				14. NAME OF HUSBAND OR WIFE none													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 488-20-5242		17. INFORMANT'S SIGNATURE OR NAME Benjamin Bernard (father)				ADDRESS											
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, asthenia, etc. It means the disease, injury, or complication which caused death.										MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. chronic glomerulonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH 4 years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>													
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)															
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?																	
22. I hereby certify that I attended the deceased from Dec. 1948, to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.																					
23a. SIGNATURE Paul V. Moore				23b. ADDRESS 600 So. Kingshighway St. Louis Mo.		23c. DATE SIGNED 3-9-50															
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/11/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon		24d. LOCATION (City, town, or county) (State) St. Louis Mo.															
DATE REC'D BY LOCAL MAR 10 1950		REGISTRAR'S SIGNATURE Herbert B. Donkela				FUNERAL DIRECTOR'S SIGNATURE Street + Carroll 4600 Nat'l Bridges				ADDRESS											

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Paul Hoffman

Signed.....

Student Embalmer

Licensed Embalmer No. *366*

P. O. Address *St. Louis, 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.