

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9886
Registrar's No. 1852

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) _____ | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch | | 4880 | |
| 3. d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital | | d. STREET ADDRESS (If rural, give location) Koch Hospital | |

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|---|-------------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Emil | b. (Middle) Carl | c. (Last) Bernhardt | 4. DATE OF DEATH (Month) (Day) (Year) February 24, 1951 |
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|--------------------|-------------------------------|--|---|---|------------------------------|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Never Married | 8. DATE OF BIRTH September 5, 1882 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Hans Bernhardt | 13b. MOTHER'S MAIDEN NAME Wilhelmina Dettman | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Catherine Bernhardt | ADDRESS Pomeroy, Iowa |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| DUE TO (b) Cerebral Apoplexy | | | |
| DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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|---|--|--|
| 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? 334X |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:25 P.m.**, from the causes and on the date stated above.

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| 22a. SIGNATURE Jatuel E. Taylor (Degree or title) Coroner | 23b. ADDRESS 300 Clark | 23c. DATE SIGNED 2-26-51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb. 27, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Pomeroy, Iowa | 24d. LOCATION (City, town, or county) (State) Pomeroy, Iowa |
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| DATE REC'D BY LOCAL REG. FEB 26 1951 | REGISTRAR'S SIGNATURE _____ | 25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister | ADDRESS U. & L. Co. 7814 S. Broadway |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Harry Schumacher

Licensed Embalmer No. 2679

P.O. Address 7814 C. Broadway

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.