No. 300
10.48

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15619

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 603

117

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2314½ S. 9th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0017
d. STREET ADDRESS (If rural, give location): 2314½ S. 9th Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle):
c. (Last): Bernard

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1951.

5. SEX: Male 4
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: April 17, 1881
9. AGE (In years last birthday): 70 — 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): Ret. Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Street Railway Track Laborer
11. BIRTHPLACE (State or foreign country): Agua Calienta, Mexico. 3
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lasaro Bernard
13b. MOTHER'S MAIDEN NAME: Grace Diaz
14. NAME OF HUSBAND OR WIFE: Felippe Bernard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Felippe Bernard — ADDRESS: St. Joseph, Mo.

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) Labor Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 480X
20. AUTOPSY? YES ☐ NO ☒

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): St Joseph, Buchanan, MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 1951, *to* June 1, 1951, *that I last saw the deceased alive on* June 1, 1951, *and that death occurred at* 12:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Peyton N. Goodson MD
23b. ADDRESS: 109½ W. Mo. Ave
23c. DATE SIGNED: 6/2/1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4, 1951.
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: June 5, 1951
REGISTRAR'S SIGNATURE: Carl C. Castro
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer, Jr. — ADDRESS: St. Joseph, Mo

(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 ******* -***** ****** Student Embalmer No. ****** working under my personal supervision.

Signed Albert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

Signed **** ***** Student Embalmer

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.