

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42732

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11443**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri, b. COUNTY 2157	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) 0' OR St. Louis,	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4028 California Ave.,	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital,			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Bernard	b. (Middle) J.	c. (Last) Atteln,	(Month) December	(Day) 22,	(Year) 1951
5. SEX Male, 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single, 1	8. DATE OF BIRTH June 24, 1883		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer,		10b. KIND OF BUSINESS OR INDUSTRY Retired 10 Years,		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri, 0	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Atteln,	13b. MOTHER'S MAIDEN NAME Elizabeth Dierkes,	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Miss Cecilia A. Atteln,	ADDRESS 4028 California Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Bronchial Asthma with Pulmonary Emphysema		INTERVAL BETWEEN ONSET AND DEATH 10 years
	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. Myocardial Degeneration with Pulmonary Edema		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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? 24/1 X

22. I hereby certify that I attended the deceased from **1949**, 19**12-22-**19**51**, that I last saw the deceased alive on **12-22**, 19**51**, and that death occurred at **4:20 PM** on, from the causes and on the date stated above.

23. SIGNATURE Dr. W. A. Nayland M.D.	(Degree or title)	23b. ADDRESS St. Louis Mo	23c. DATE SIGNED 12-23-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial, 0	24b. DATE 12/24/51	24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery,	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,

DATE REC'D BY LOCAL REG. DEC 28 1951	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,	ADDRESS 2842 Meramec St.,
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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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Lorou E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Maramec St.,
St. Louis, 18, 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.