

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2041

State File No. ....

FILED JAN 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Marion</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Marion</u>	
c. LENGTH OF STAY (in this place) (township) <u>12/13/54</u>		c. CITY OR TOWN <u>Hannibal</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>				e. STREET ADDRESS (If rural, give location) <u>618 Center</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Minnie Wenzel Bernauer</u>		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>January 14, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 31, 1872</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u>13</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Benjamin Wenzel</u>		13b. MOTHER'S MAIDEN NAME <u>Christiana Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Bernauer (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maud Blodgett, St. Louis Missouri</u>			
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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u>		DUE TO (b) <u>Pericardial cavity</u>		<u>3 yr</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		<u>3 yr</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		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 <u>Dec. 3</u> , 19 <u>54</u> , to <u>Jan. 14</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:45 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. H. M. Lucke, M.D.</u>				23b. ADDRESS <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>1-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-19-54</u>		REGISTRAR'S SIGNATURE <u>Dr. H. M. Lucke</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. C. Fisher</u>		ADDRESS <u>Hannibal Missouri</u>	

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

7306

**RECEIVED** JAN 25 1954  
**MARION CO. HEALTH DEPT.**  
**DATE FILED** JAN 25 1954

**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.....  
Signature of Student Embalmer

Signed *John S. Span*  
Licensed Embalmer No. 4540

P. O. Address Hannibal, Miss.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.