

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 27 1954

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3999**

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| 1. PLACE OF DEATH a. 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 town) St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ferguson 4/19 | |
| c. LENGTH OF STAY (In this place) _____ | | d. STREET ADDRESS (If rural, give location) 30 Patricia Drive | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital | | | |

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|-------------------------------------|-----------------------------|-----------------------|----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Catherine | b. (Middle) A. | c. (Last) Bernstein | 4. DATE OF DEATH (Month) (Day) (Year) May 1, 1954 |
|-------------------------------------|-----------------------------|-----------------------|----------------------------|---|

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|-------------------------|----------------------------------|--|---|--|--|--|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 1, 1901 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months _____ Days _____ | 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) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William J. Overbeck | 13b. MOTHER'S MAIDEN NAME Lena Sieben | 14. NAME OF HUSBAND OR WIFE Robert E. Bernstein |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give name or dates of service) NO | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Robert E. Bernstein, 30 Patricia Dr. | ADDRESS 30 Patricia Dr. |
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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease | | |
| | 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. | | | |

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| 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 OR 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) 4200 |
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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? _____ |
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22. I hereby certify that I attended the deceased from Feb. 19 52, to May 1, 19 54, that I last saw the deceased alive on May 1, 19 54, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> | (Degree or title) _____ | 23b. ADDRESS 5074 N. Union | 23c. DATE SIGNED 5-3-54 |
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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal | 24b. DATE 5/5/54 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |
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|---|---|---|--------------------------------------|
| DATE REC'D BY LOCAL REG. MAY 3 1954 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE PROVOST UND. CO., 3710 No. Grand Bl. | ADDRESS 3710 No. Grand Bl. |
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-m.d.b. (Licensed Embalmer's Statement on Reverse Side)

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

Stanley A. Dixon

Licensed Embalmer No. 4193

P. O. Address A. S.

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.