

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24262  
Registrar's No. 6850

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is 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>BETHESDA Hospital</u>			2. STREET ADDRESS (If rural, give location) <u>4458 S. SPRING 259</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>BERNHARDT</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 21 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 5 1898</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MILK WAGON DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City, and State or Foreign Country) <u>AUSTRIA HUNGARY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN BERNHARDT</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SCHUNK</u>		14. NAME OF HUSBAND OR WIFE <u>NELLIE BERNHARDT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>490-01-4137</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NELLIE BERNHARDT 4458 S. SPRING</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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			<u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>92 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>arterio-sclerotic heart disease</u>		<u>3 yrs</u>
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		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St Louis Mo</u>		
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? <u>4200</u>		
22. I hereby certify that I attended the deceased from <u>July 14, 1951</u> , to <u>July 31, 1954</u> , that I last saw the deceased alive on <u>July 21, 19</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Miss Stanley MD</u>			23b. ADDRESS <u>512 Drexel</u>		23c. DATE SIGNED <u>7/23/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JULY 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. HOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>
DATE RECD BY LOCAL REG. <u>JUL 23 1954</u>		REGISTRAR'S SIGNATURE <u>J. Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Tutis 2906 Gravoie</u>	

G. P. (Licensed Embalmer's Statement on Reverse Side)

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

512 Bonner Pl

**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 *Lawrence C. Dill*

Licensed Embalmer No. *434*

P. O. Address *7916 St*

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.