

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25759

No. 300
10.48

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1567

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2229	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks MO		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION National Cemetery		e. STREET ADDRESS (If rural, give location) 2331 N. Market	

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) John c. (Last) Bernard			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 27, 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR 0 Months 5 Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY unkn		11. BIRTHPLACE (City and State or Foreign Country) St. Charles, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Peter Bernard	13b. MOTHER'S MAIDEN NAME Julia Seemann	14. NAME OF HUSBAND OR WIFE NONE
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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. unkn.	17. INFORMANT'S SIGNATURE OR NAME Bernice Anthony	ADDRESS 2615 Solway
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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, asthenia, 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) From an unknown natural cause and at an unknown time. Body was found in the National Cemetery at Jefferson Brks. by an employee of the cemetery in a badly decomposed condition. Body was removed by Meyer-Pfizinger Ambulance to their mortuary for examination.		
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.			

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, NATURAL CAUSE, OR HOMICIDE Natural cause of undetermined nature	21b. PLACE OF INJURY (e.g., in or about farm, factory, street, office bldg., etc.) National Cemetery	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson Barracks Mo.
21d. TIME OF INJURY (Month) (Year) (Hour) (Minute) July 2, 1954 1:00	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Natural causes of undetermined nature.

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arnold J. Williams, Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 7-9-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 7/3/54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis county, Mo.
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DATE REC'D BY LOCAL REG. 7/13/54	REGISTRAR'S SIGNATURE Richard R. Bonke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfizinger	ADDRESS Kirkwood, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address. Kalamazoo

**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.**