

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City St. Louis (NO. St. Johns Hosp St. 5 Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. 67710

Registered No. 1857

(If death occurred in a hospital or institution, give the NAME instead of street and number)

FULL NAME Anna Bergman

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married  
(Write the word)

DATE OF BIRTH unk ab 88  
(Month) (Day) (Year)

AGE ab 32 IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Russia

NAME OF FATHER Isaac Letovsky

BIRTHPLACE OF FATHER (City or town, State or foreign country) Russia

MAIDEN NAME OF MOTHER unk

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Russia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. Gersonow

(ADDRESS) 1425 Franklin

Filed FEB 23 1914 1914 G. K. Anagnost REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 22, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 18, 1914, to Feb 22, 1914, that I last saw her alive on Feb 22, 1914, and that death occurred, on the date stated above, at 7.4 m. The CAUSE OF DEATH\* was as follows:

23 Pulmonary Embolism

(Duration) yrs. mos. ds.

Contributory Operation for ruptured Ectopic Pregnancy  
(Secondarily) (Duration) yrs. mos. ds.

(Signed) E. J. Lynch M. D.  
Feb 22, 1914 (Address) St Johns Hospital

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. 4 ds. In the State \_\_\_ yrs. 6 mos. \_\_\_ ds.

Where was disease contracted If not at place of death? unk

Former or usual residence 1425 Franklin

PLACE OF BURIAL OR REMOVAL Chesed Shel Emeth DATE OF BURIAL 2/23, 1914

UNDERTAKER H. B. Berger ADDRESS 2127 Barr

