

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

Do not use this space.

42738

**1. PLACE OF DEATH**

County ..... Registration District No. **701**  
Township ..... Primary Registration District No. **ROOF**  
City **St. Louis Mo.** (No. **3829 - Texas Ave.**) St. .... Ward)

File No. ....  
Registered No. **11994**

**2. FULL NAME** *Lizzie Bergmann*

(a) Residence, No. **3329 Texas** St., **24** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 17 - 1876*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>52</i>	<i>6</i>	<i>22</i>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *Housework*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo.*  
(STATE OR COUNTRY)

10. NAME OF FATHER *Henry Milius*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Minnie Barker*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Missouri*  
(STATE OR COUNTRY)

14. INFORMANT *Henry Bergmann*  
(Address) *3329 Texas Ave.*

15. FILED *DEC 10 1928* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec. 9 - 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 1*, 19*28*, to *Dec 9*, 19*28* that I last saw him alive on *Nov 8*, 19*28*, and that death occurred, on the date stated above, at *8:00* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Resection of Breast*  
*50*  
*47* (duration) - yrs. - mos. - ds.  
CONTRIBUTORY *none*  
(SECONDARY) (duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? *no* DATE OF  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *clinical symptoms*  
(Signed) *E. W. Dehner* M. D.  
*12/10* . 1928 (Address) *2919 S. KINGSHERRY BLVD.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *New St. Marcus Cem* DATE OF BURIAL *Dec. 14 - 1928*

20. UNDERTAKER *Ziegenhein Bros. 2623 Shepherd* ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

