

27 1929

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

(Do not use this space.)

15267

1. PLACE OF DEATH

County Lincoln
Towship Clark
City St. Louis (No. 1)

Registration District No. 992
Primary Registration District No. 0652

File No. 4
Registered No. 4
St. 1 Ward

2. FULL NAME

Elizabeth Bergfeld

(a) Residence. No. 1 St. 1 Ward. 1
(Usual place of abode)

(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 27, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

71

0

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Frederick C. Jarand

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Bergfeld

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT Fred L. Earnest
(Address) St. Louis, Mo.

15.

FILED April 5, 1929 E. A. Shephard

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

April 6 - 1929

17.

I HEREBY CERTIFY, That I attended deceased from April 2nd, 1929, to April 6, 1929.
that I last saw him alive on April 6, 1929, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diarrhea + Enteritis

114B

CONTRIBUTORY (SECONDARY)

Don't know

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF No

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. A. Shephard, M. D.

April 8, 1929 (Address) Mascow Mills Mo

*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**DATE OF BURIAL**

Livy cemetery April 19 1929

20. UNDERTAKER**ADDRESS**

David L. Forbush Winfield, Mo.

WHITE-PHILLY, MISSOURI, UNKING 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.

266

2

10

10

