

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

Do not use this space.

23342

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis.** (No. **Home For the Aged.**)

File No.
 Registered No. **6827**
 St. Ward)

2. FULL NAME

Catherine Bergin.

(a) Residence, No. **3400 So Grand Blvd.** St. **16** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know. 1850.		
7. AGE About 88.	YEARS	MONTHS
	DAYS	If LESS than 1 day, hrs. or min.
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)..... **Ireland.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Micheal Bergin.**

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

12. MAIDEN NAME OF MOTHER **Dont Know.**

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

14. INFORMANT **Clister Benedict**
 (Address) **3400 So Grand Blvd**

15. FILED **JUN 27 1929**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 27 1929**

17. I HEREBY CERTIFY, That I attended deceased from **June 15 1929** to **June 27 1929** (that I last saw him alive on **June 26 1929** and that death occurred, on the date stated above, at **3:30 AM** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: **6:30 AM**
Bronchial pneumonia
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) **Heart Insufficiency**
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) **J. S. Small** M. D.
 (Address) **3165 So Small**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery.**
 DATE OF BURIAL **June 29 1929**

20. UNDERTAKER **J. V. Gebken & Co.**
 ADDRESS **2842 Meramec**

WRITE FAIRLY, 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.

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