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

Do not use this space.

File No. 17771
Registered No. 4867

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. City Sanitarium St. ..... Ward)

2. FULL NAME Mary Bergman

(a) Residence. No. #4328 Raft St. 13 Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Bergman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 1864.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66.	3.	15.	

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) Unknown
(STATE OR COUNTRY) Austria

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Austria

14. INFORMANT E H Coan M D
(Address) City San. St Louis Mo

15. MAY 19 1930 Chas C Stanley
FILED ....., 19 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-17 1930

17. I HEREBY CERTIFY, That I attended deceased from May 29 1930 to May 17 1930 that I last saw her alive on May 17 1930, and that death occurred, on the date stated above, at 12:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage (apoplexy) (duration) ....yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Unknown
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E H Coan, M. D.
5-17. 1930 (Address) St Louis 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 Valhalla Crem. — DATE OF BURIAL 5-20, 1930.

20. UNDERTAKER C. R. Lupton. — ADDRESS #4449 Olive Street.

N. B.—Every item of information should be carefully and completely classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.