

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

Do not use this space.

34327

791

1. PLACE OF DEATH

County..... Registration District No.
 Township..... Primary Registration District No.
 City St. Louis (No. Deaconess Hospital) St. Ward)

File No.
 Registered No. 9680

2. FULL NAME

(a) Residence No. 4030² North 35th St. Ward 20th
 (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

6. MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Bergmann
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 22

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 9 1930
 17. I HEREBY CERTIFY, that I attended deceased from Sept 19, 1929 to Oct 9, 1930 that I last saw him alive on 5:00 Oct 9, 1930 and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilatation Ch. Myocardium
P.O. Peri-chloralitis (Drainage)
12713
 (duration) yrs. mos. 6 ds.
 CONTRIBUTORY (SECONDARY) indirectly (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTACTED?
 (a) NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 4 th 30
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Post. Operat. etc -
 (Signed) J. Schick M. D.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 10. NAME OF FATHER William Berchering
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Paroline Droegge
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

*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.
 (Address) 945 No Bldg

14. INFORMANT (Address) Mrs. Frieda Bergmann
4030² North 35th Street

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens DATE OF BURIAL Oct. 11 1930

15. FILED max. Starkloff REGISTRAR

20. UNDERTAKER Math. Hermann ADDRESS 216 E. Fair Con

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

