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.

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

Do not use this space.

20932

File No. .....

Registered No. 5420

1. PLACE OF DEATH

County ..... Registration District No. 793

Township ..... Primary Registration District No. [illegible]

City St. Louis, (No. 4346a So. Compton Avenue. St. ..... Ward)

2. FULL NAME Bernardina Bergfeld.

(a) Residence, No. 4346a So. Compton Ave., 15 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	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1878.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	4	14.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Bernard Bergfeld.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Katherine Rolfes.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT Fred Bergfeld
(ADDRESS) 3620a Minnesota Ave.

18. BURIAL, CREMATION, OR REMOVAL
SS PLACE Peter & Paul Cem DATE June 8, 1932

19. UNDERTAKER J. H. Gubken Funeral Co.
(ADDRESS) 2842 Meramec, St.

20. FILED JUN - 9 1932 Mary C. Stakelbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to June 5, 1932, I last saw ~~him~~ alive on June 5, 1932. Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	June 5
Regurg Sudden	
131	
8	
97	

Other contributory causes of importance:
Arterio Sclerosis
Chronic Interstitial Nephritis

Name of operation — Date of ....
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) Chas. J. Smith, M. D.
(Address) 3674 Bo Bray