

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

Do not use this space.

41706

1. PLACE OF DEATH

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

File No.....
Registered No. 10775
St..... Ward.....

2. FULL NAME

(a) Residence, No. 9001 Riverview Drive St. 8 Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Louise Bergmann Richman</u> (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14, 1877</u> | | |
| 7. AGE | YEARS <u>55</u> | MONTHS <u>5</u> |
| | DAYS <u>19</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Wagon Maker</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>95</u> |
| | 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>St. Louis Mo.</u> |
| | 13. NAME | <u>William Bergmann</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>Germany</u> |
| MOTHER | 15. MAIDEN NAME | <u>Anna Dieckmann</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | <u>St. Louis Mo.</u> |
| | 17. INFORMANT (ADDRESS) | <u>Mrs. Louise Bergmann</u> <u>9001 Riverview Drive</u> |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE | <u>Friedens</u> | DATE <u>Dec. 6 1932</u> |
| 19. UNDERTAKER (ADDRESS) | | |
| <u>Math. Hermann & Son</u> <u>141 East Park Ave</u> | | |
| 20. FILED <u>DEC -5 1932</u> <u>Max Estabrook</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1930, 19 , to Dec. 3, 1932

I last saw him alive on Dec. 3, 1932 Death is said to have occurred on the date stated above, at 3:54 m.

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

Diabetes Mellitis Date of onset

39
93-59

Other contributory causes of importance: 1

Chronic Myocarditis

23. Name of operation None 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? No 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 None
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Ja. Van Hoefen, M. D.
(Signed) 8313 Halls Ferry City.
(Address)

WHILE EXACTLY, 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.

