

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 708
 Township..... Primary Registration District No. 1002
 City St Louis (No. 2115, Memard St.) St. Ward)

File No. 21219
 Registered No. 4995

2. FULL NAME Hermann Bergmann

(a) Residence, No. 2115 Memard St., 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. - mos. \ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>5</u>	<u>7</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Carrier
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Albans

13. NAME Dout Knorr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dout Knorr

15. MAIDEN NAME Dout Knorr

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

17. INFORMANT Lucille Bergmann (ADDRESS) 2115 Memard St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Peter - Paul DATE July 9, 1933

19. UNDERTAKER J. N. Gephart (ADDRESS) 2830 Forsyth St

20. FILED 119 - 8 1933 J. V. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30th 1933 to June 6th 1933
 I last saw him alive on June 6, 1933 Death is said to have occurred on the date stated above, at 9:05 P M

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

Nephritis Chronic Date of onset May 1932
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 Other contributory causes of importance:
Anemia June 9

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

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? No
 If so, specify.....
 (Signed) Edward Wenger, M. D.
 (Address) 2002 S. Broadway

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.

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2002 S Broadway

1/24/03
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