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.

15212

JUN 4 1935

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township ~~Central~~ — Primary Registration District No. 62484 — Registered No. 89

City Richmond Heights (No. 7106, Dale Ave. St. Ward)

2. FULL NAME ANN ROSE BERGMAN

(a) Residence, No. 7106 Dale Ave. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	9	11	

OCCUPATION

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

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 life

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

FATHER

13. NAME Toennies

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

MOTHER

15. MAIDEN NAME Anna C. Graver

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

17. INFORMANT Mrs. Eleanor Lang
(ADDRESS) 7106 Dale Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 4/20 1935

19. UNDERTAKER Croghan Und. Co. Inc.
(ADDRESS) 7146 ~~Manchester Ave.~~

20. FILED April 19, 1935 Gertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Apr 17, 1935

I last saw h... alive on Apr 17, 1935. Death is said to have occurred on the date stated above, at 9:55 a.m.

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

	Date of onset
Emphysema (Chronic)	

Other contributory causes of importance:

Bronchiectasis, Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Clifford E. Sanders, M. D.

(Address) 7050 Delmar St. Louis Mo.