

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.

UN 17 1936

1. PLACE OF DEATH

County Bates Registration District No. 167  
Township Mingo Primary Registration District No. 2080  
City (No. St. Ward)

File No. 218494  
Registered No.

2. FULL NAME

Anthony Fredric Bergschneider

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 30 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1876

7. AGE 60 YEARS MONTHS 4 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) April 1936 11. Total time (years) spent in this occupation all half

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME Stephan Bergschneider

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

15. MAIDEN NAME Elizabeth Merring

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

17. INFORMANT John Bergschneider (ADDRESS) Ulrich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 5-8-1936

19. UNDERTAKER Smith & Grayham (ADDRESS) Ulrich Mo

20. FILED May 10 1936 Ulrich Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-5-1936, to 5-5-1936

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 A. m.

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

I did not see him till after he died. Probably had cerebral hemorrhage Date of onset

Other contributory causes of importance:

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? No

If so, specify \_\_\_\_\_

(Signed) A. C. Smith, M. D.

(Address) Ulrich Mo

MAY 21 1947

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