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

Do not use this space.

20313

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 6033A
 City Ladue Village (No. _____) St. _____ Ward _____

2. FULL NAME Cynthia Ann Bergner
 (a) Residence No. Clayton Mo. R-1 St. _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank P. Bergner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1858
 7. AGE YEARS 77 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 1-2-9
 11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

13. NAME Nathan Peppers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co.

15. MAIDEN NAME Becky Sullens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

17. INFORMANT David J. Bergner (ADDRESS) Manchester Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill Mo. DATE May 4 1936

19. UNDERTAKER Schneider Funeral Home (ADDRESS) Balwin Mo.

20. FILED 5-7 1936 D. G. J. J. J. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1936
 22. I HEREBY CERTIFY, That I attended deceased from April 26 1936 to May 2 1936
 I last saw her alive on May 1 1936 Death is said to have occurred on the date stated above at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency
Auricular flutter
 Other contributory causes of importance:
Bronchiectasis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No.
 If so, specify _____
 (Signed) Oran K. J. J. J., M. D.
 (Address) Manchester, Mo.

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.

100-1-24-33

