

NOV 4 1936

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

Do not use this space.

39319

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS** (No. **Jewish Hospital**) St. Ward

File No. **10354**

Registered No.

2. FULL NAME

Mrs Anna Bergman Anna Bergman

(a) Residence, No. **4410 Lindell** St. **19** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 **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 **Carl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 2 - 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 **5** **12**

8. Trade, profession, or particular kind of work done, as **Sales lady**
sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as **Melbourne Dress Shop**
saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**13. NAME **John Wees**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **Arthur Suenhurger**
715 Limit18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Oct 15** 19**36**19. UNDERTAKER (ADDRESS) **Arthur Suenhurger**
2707 N. Grand Blvd.20. FILED **OCT 15 1936** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 14** 19**36**22. I HEREBY CERTIFY, That I attended deceased from **9-12-** 19**36**, to **10-14-** 19**36**I last saw her alive on **10-14-** 19**36** Death is said to have occurred on the date stated above, at **2:45 P.** m.

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

Peritonitis - post operative Date of onsetOther contributory causes of importance: **12**Name of operation **Liquid - vaginal fistula** Date of **10-9-36**
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?

If so, specify

(Signed) **Joseph C. Mason** M. D.(Address) **Jewish Hosp. Co.**

WRITE CLEARLY, 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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