AUG 11 1937

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

Do not use this space.

26412

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo. (No. 816, West 39th St. St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 3025

2. FULL NAME Arthur A. Bergner
(a) Residence, No. 816 W. 39th St. St., 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: 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: Mrs. Lena Bergner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 18, 1868

7. AGE: YEARS 69 | MONTHS 4 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supervisor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Col. Steel Tank Co.
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): Berlin, Germany

FATHER
13. NAME: Albert Bergner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Lena Bergner, 816 W. 39th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE July 28, 1937

19. UNDERTAKER (ADDRESS): Wagner Funeral Home, 204 W. Linwood

20. FILED July 26, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1937, to July 25, 1937
I last saw him alive on July 25, 1937. Death is said to have occurred on the date stated above, at 5:15 m. pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Retoris	7/25/37
94a	
Other contributory causes of importance:	
Arteriosclerosis	1 yr

Name of operation: non Date of
What test confirmed diagnosis? Clinical only 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) H. H. Lane, M. D.
(Address) 824 Rialto Bldg

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.

D H H. Lane

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