

DEC 28 1937

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

42410  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis Registration District No. 789  
(b) Township Central Primary Registration District No. 6033B  
(c) City Wallerston (d) Street No. 6309 Ella (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred 3 yrs - mos. - ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bruno Carl Bergmann  
(a) Residence, No. 6309 - Ella St.  (If nonresident, give city or town and State)

## 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 Laura A. Bergmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. un-employed  
9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME Bruno C. Bergmann

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

MOTHER 15. MAIDEN NAME Amalia Knoche

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

17. INFORMANT (ADDRESS) Laura A. Bergmann  
6309 - Ella St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Norham Cem. DATE 11-18-1937

19. FUNERAL DIRECTOR (ADDRESS) Brunnman Bros Inc.  
1504 - Woodson Rd - Overland, Mo.

20. FILED 11-17-1937 Edl. Bachner  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 - 37, 1937 to Nov 15, 1937

I last saw him alive on Nov 14, 1937 Death is said to have occurred on the date stated above, at 7:00 P. m.

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

Pulmonary Tuberculosis Date of onset Unable to say

Other contributory causes of importance: 22

Name of operation none 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) Edl. A. Bach, M. D.

(Address) 4701 St. Louis Ave.

STATEMENT BY LICENSED EMBALMER

I, Carl F. Kellerman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Carl F. Kellerman  
Licensed Embalmer No. 3501

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**