

8 1938

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

33288

Do not use this space.

1. PLACE OF DEATH DEPT OCT 6 1938
 (a) County St. Louis Registration District No. 284
 (b) Township 1 Primary Registration District No. 200 Registered No. 1476
 (c) City Normandy (d) Street No. 7418 Florissant Road St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Bergmann
 (a) Residence, No. 7418 Florissant Road St. Normandy, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William F. Bergmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
70 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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 1

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

FATHER 13. NAME Charles Spann
 14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Julia Kuhl
 16. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

17. INFORMANT William F. Bergmann
 (ADDRESS) 7418 Florissant Rd., Normandy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Sept. 10, 1938

19. FUNERAL DIRECTOR (NAME) Math. Hermann & Son
 (ADDRESS) 2161 East Fair Avenue

20. FILED SEP 8 1938 W. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1938, to Sept 7 1938
 I last saw her alive on Sept 7 1938. Death is said to have occurred on the date stated above, at 12:15 P. M.

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

Coronary Thrombosis Date of onset Sept 7
Coronary Heart Disease
Arteriosclerosis
Old Hemiplegia

Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None
 Where did injury occur? None
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. None
 Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify None
 (Signed) W. Meyer, M. D.
 (Address) 2002 E Grand

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2967

P. O. Address 2161 E. Fair

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.)

If this body is not embalmed, above space should be left blank.