

REC'D MAY 10 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS **791**  
 CERTIFICATE OF DEATH **1008**

 13148  
 Do not use this space.
**3490**

## 1. PLACE OF DEATH

- (a) County..... 2 Registration District No.....
- (b) Township..... 1 Primary Registration District No..... Registered No.....
- (c) City ST. LOUIS (d) Street No. 4500 WASHINGTON BLVD. 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

- 651 EMMA HORN BERGER
- (a) Residence, No. 4500 WASHINGTON BLVD St. 12 (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ADAM</u> <u>Stadmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>SEPT. 6 - 1853</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>7</u>
	DAYS <u>8</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>HOUSEWORK</u>	
	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) <u>ST. LOUIS - MO</u>		
FATHER	13. NAME <u>UNKNOWN</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
MOTHER	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>	
17. INFORMANT <u>Dr. Olga Boyman</u> (ADDRESS) <u>4500 Washington Blvd</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Petrus Cemetery</u> DATE <u>April 15, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Dr. M. Schumacher</u> (ADDRESS) <u>4834 Natural Bridge</u>		
20. FILED <u>APR 15 1939</u> <u>Jo Bridick</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 7, 1939, to April 14, 1939  
 I last saw h. w. alive on April 17, 1939 Death is said to have occurred on the date stated above, at 2:30 p. m.  
 The principal cause of death and related causes of importance were as follows:

Senile dementia

Other contributory causes of importance:

arteriosclerosis

- 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?  
 If so, specify F. F. Bergman, M. D.  
 (Signed) F. F. Bergman  
 (Address) 3720 Washington

Date of onset

---

---

**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.....

*John Ketter*

Licensed Embalmer No. 3880

P. O. Address.....

**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.**