

MAR 19 1941 757 Registration District No.

Primary Registration District No. 3036

Registrar's No. 35

1. PLACE OF DEATH: (a) County St. Charles (b) City or town St. Charles (c) Name of hospital or institution St. Joseph Hospital (d) Length of stay: In hospital or institution Two Hours

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St. Charles (c) City or town St. Charles (d) Street No. 431 Mc Donough St. (e) If foreign born, how long in U. S. A. 92 years

3. (a) PRINT FULL NAME Hallie Nellie Bergfeld (b) If veteran, name war No (c) Social Security No. None

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Feb day 11 year 1941 hour 2 minute A M. 21. I hereby certify that I attended the deceased from May 2, 1939, to Feb 11, 1941; that I last saw her alive on Feb 11, 1941; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, or massed Married (b) Name of husband or wife Arthur Bergfeld (c) Age of husband or wife if alive 56 years 7. Birth date of deceased April 18 1893

Immediate cause of death apoplexy Duration 2 1/2 hrs

8. AGE: Years 47 Months 9 Days 23 If less than one day hr. min.

Due to cerebral embolism & hypertension 3 yrs 10 yrs

9. Birthplace Chain of Rocks Lincoln Co. MO (City, town, or county) (State or foreign country) 10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 43 W

11. Industry or business MOTHER FATHER { 12. Name Joseph A. De Leal 13. Birthplace Springfield MO (City, town, or county) (State or foreign country) 14. Maiden name Nellie Pierce 15. Birthplace Ballalee MO (City, town, or county) (State or foreign country)

Major findings: Of operations - Of autopsy - PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Arthur Bergfeld (b) Address 431 Mc Donough - St. Charles Mo. 17. (a) Burial (b) Date thereof Feb 13 - 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Linn Cem. Monticello, Mo. 18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co. (b) Address 202 N. Second - St. Charles Mo. 19. (a) 2-12-41 (b) Clarence K. Heister (Date received local registrar) (Registrar's signature)

(Specify type of place) While at work? (c) Means of injury 23. Signature George Stoker (M. D. or other) Address St. Charles, Mo. Date signed 3/12/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

02 9 3

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 B. Dellmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles Mo

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.