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17-39
X231

APR 10 1941
Registration District No. 425

Primary Registration District No. 5580

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL—MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 MONTHS
(Specify whether

In this community 0
years, months or days)

3. (a) PRINT FULL NAME WILLIAM J. BERGIN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife JOHANNA SWEENEY

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased (Month) 8 (Day) 23 (Year) 1880

8. AGE: Years 60 Months 7 Days 7 If less than one day hr. min.

9. Birthplace ATCHINSON KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOSPITAL ORDERLY, RETIRED

11. Industry or business

MOTHER FATHER

12. Name WILLIAM BERGIN

13. Birthplace PENNSYLVANIA
(City, town, or county) (State or foreign country)

14. Maiden name JOHANNA SWEENEY

15. Birthplace BROOKLYN NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Bonaventura

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof April 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Hill

18. (a) Signature of funeral director Brother Bonaventura

(b) Address St. Joseph's Hill Infirmary

19. (a) 30 Mar 1941 (b) James A. Younce
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1941 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 11th, 1939, to Mar 29th, 1941;
that I last saw him alive on March 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 386

(e) Means of injury _____ (Specify type of place) _____

23. Signature Jose S. Sargent (M. D. or other) M.D.
Address Geneva, Mo. Date signed 3/31/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 8 1949

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.....

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, fact should be so stated above.