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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6158

Primary Registration District No. 3009

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: S E Mo Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 65 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 629 North Str
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Frederick Bergmann

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fanny Harper Bergmann

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

7. Birth date of deceased Aug 6 (Month) 6 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	4	26	hr. min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

10. Usual occupation County Collector

11. Industry or business

FATHER
12. Name W C Bergmann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Eggimann
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Madeline Bergmann
(b) Address Cape Girardeau Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof 1-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lerimer

18. (a) Signature of funeral director Joe G Howell
(b) Address Cape Girardeau Mo

19. (a) 1-8-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1942 hour 3 minute 55 p M.

21. I hereby certify that I attended the deceased from Oct 22 1941, 19 , to Jan 2 1942 that I last saw him alive on Jan 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma + Emphysema

Due to Foreign matter not entirely determined (allergy)

Due to Stable dust + something unknown

Other conditions Renal calculus - Bronchitis
(Include pregnancy within 3 months of death)

Major findings: Bronchitis - Emphysema
Renal calculus - c pyelitis
Of autopsy

Duration: 34a

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl W Tommermann M.D. (M.D. or other)

Address Cape Girardeau Mo Date signed 1-2-42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 242-146

Date Filed 2-10-42

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 Joe E. Howell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau 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, fact should be so stated above.