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S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22610

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6446

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours (Specify whether years, months or days)
In this community 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4033 Lexington Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred W. Bergmann
3. (b) If veteran, name war None.
3. (c) Social Security No. 493-09-3086
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lena Bergmann
6. (c) Age of husband or wife if alive 58 yrs. years
7. Birth date of deceased March (Month) 24 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
62	4	6	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation stock clerk
11. Industry or business Butler Bros.
MOTHER FATHER
12. Name John F. Bergmann
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Herrietta Struckmeyer
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Lena Bergmann
(b) Address 4033 Lexington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUL 30 1942 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th. year 1942 hour 1:45 AM. minute M.
21. I hereby certify that I attended the deceased from July 29, 1942, to July 30, 1942 that I last saw him alive on July 29, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	24 hrs
Due to Arterio sclerosis General	10 yrs.
" " Cerebral	"
Due to Hypertension	5 yrs.
Other conditions Chronic Nephritis. (Include pregnancy within 3 months of death)	5 yrs.

Major findings: Of operations —
Of autopsy None.

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 A. G. Pedersen (M. D. or other) M.D.
Address 508 N. Grand Ave. Date signed 7/30/42

944 (Licensed Embalmer's Statement on Reverse Side)

Dr. Heidemann - metr. bld, - *2.30 - 4

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.