

2060
S. No. 2
M-9-4-41
y. 5-17-39
P1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15860**
4656
Registrar's No.

FILED JUN 9 1943 18

Primary Registration District No. **1003**

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

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4529 Maffitt Ave.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Frances Bergmeier**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **17**,
year **1943** hour **1:25** minute **P.** M.
21. I hereby certify that I attended the deceased from **April**
28, 19**43** to **May 17**, 19**43**
that I last saw her alive on **May 17**, 19**43**
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 **Married**
6. (b) Name of husband or wife **Howard J. Bergmeier**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **January 8, 1890**
(Month) (Day) (Year)

Immediate cause of death **Carcinoma of ovary**
Duration
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
PHYSICIAN
Major findings: **Pelvic metastases**
peritoneal metastases
Of autopsy **Same plus distinctive nephrosis**
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
53 **4** **9** hr. min.
9. Birthplace (City, town, or county) **Arkansas** (Country)

10. Usual occupation **Housework**
11. Industry or business.....
12. Name **Unknown**
13. Birthplace (City, town, or county) **Unknown** (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

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?
While at work (Specify type of place) (e) Means of injury
23. Signature **J. O. Neal** (M. D. or other)
Address **1515 Lafayette Avenue** Date signed **5/17/43**

16. (a) Informant **Howard J. Bergmeier**
(b) Address **4529 Maffitt Ave.**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 20, 1943**
(Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cemetery**
18. (a) Signature of funeral director **Calvin F. Reutz Fun. Home**
(b) Address **4828 Natural Bridge Blvd.**
19. (a) **MAY 16 1943** (Date received local registrar) **J. F. [Signature]** (Registrar's signature)

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

MOTHER FATHER

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.....
John A. Mlinar....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John A. Mlinar

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.