

S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
FILED FEB 25 1944

318 THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4886

Registration District No. Primary Registration District No. Registrar's No. 1560

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution De Paul Hospital  
(d) Length of stay: In hospital or institution 2 Days  
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 2002 St. Louis Ave. 9 20  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Dorothy M. Bergmann  
3. (b) If veteran, name war none  
3. (c) Social Security No. none  
4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alfred A. Bergmann  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Aug. 11 1878

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 14th. year 1944 hour 4:00 AM minute M.  
21. I hereby certify that I attended the deceased from Feb 12 1944 to Feb 14 1944  
that I last saw her alive on Feb 12 1944 and that death occurred on the date and hour stated above.  
Immediate cause of death

8. AGE: Years 65 Months 6 Days 3  
9. Birthplace St. Louis Mo.  
10. Usual occupation Housewife  
11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown 9  
14. Maiden name Johanna Schramm  
15. Birthplace Germany 4  
16. (a) Informant Alfred A. Bergmann  
(b) Address 2002 St. Louis Ave.  
17. (a) Burial (b) Date thereof Feb. 17-44  
(c) Place: burial or cremation Memorial Park Cem.  
18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2225 St. Louis Ave.  
19. (a) FEB 17 1944 (Date received local registrar)  
J. F. Budack (Registrar's signature)

Duration  
Degenerative myocarditis  
Due to  
Due to  
Other conditions 93  
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?  
(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 R. J. ... (M. D. or other)  
Address 539 n 900 Date signed 2/15/44

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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave.

**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.**