

FILED MAY 13 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 4208

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether  
 In this community Life  
years, months or days)

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. 5091 Union Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Elizabeth Bergmann

3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife William Bergmann  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 10, 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 7 24 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Casper Niehff

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

14. Maiden name Unknown

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray W. Bergmann

(b) Address 5091 Union Blvd.

17. (a) Burial (b) Date thereof May 8, 1944.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 8 1944 (b) J. F. Bradet  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th  
 year 1944 hour 2:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 2 1944  
 19\_\_\_\_ to May 4 1944

that I last saw h.s.r. alive on May 4 1944, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
 Due to arteriosclerosis

Duration

4 days

Due to \_\_\_\_\_

Other conditions PH  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

23. Signature Wayne D. ... (M. D. or other) \_\_\_\_\_  
 Address 2739 No. Grand Date signed 5-9-44

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

D  
273971, June 1, 3

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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 Deax Harris* ..... Registered Apprentice No. 363  
working under my personal supervision.

Signed *John Ketter* .....

Licensed Embalmer No. 3880

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.**