

**FILED** DEC 28 1945  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 10852

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:  
5855 Wabada Avenue.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
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. 5855 Wabada  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John H. Bergfeld.

3. (b) If veteran, name war None

3. (c) Social Security No. 498-09-4905

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11th.  
year 1945 hour 7 minute 15 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dora Bergfeld.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased February 23, 1871.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25, 1945, to Dec 11, 1945  
that I last saw him alive on Dec 11, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 9 18 hr. min.

Immediate cause of death  
Chronic myeloid leukemia

Due to hypertension

Due to Chronic Bronchitis

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Machinist.

11. Industry or business Curtiss Mfg. Co.

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

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

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

MOTHER, FATHER { 12. Name Herman Bergfeld.

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

14. Maiden name Winnie Kaiser.

15. Birthplace Hanover, Germany.  
(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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_

Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Dora Bergfeld.

(b) Address 5855 Wabada Avenue.

17. (a) Burial (b) Date thereof 12-14-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) DEC 12 1945 J. F. Bredenk  
(Date received local health officer's signature) (Registrar's signature)

23. Signature W. A. White (M. D. or other) W. A. White  
Address 3211 Simpson Date signed 12-12-45

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

Dr. W.H.White.  
2803 North Kingshighway.  
Hours 1 to 2 P.M.  
Forest 1262.

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

Signed Clement M. May  
Licensed Embalmer No. 3732  
P. O. Address St. Louis

**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.**