

S. No. 2
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5-17-39
P1 X37823

430
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

2202 S. Broadway
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

85

State File No. _____

FILED FEB 1 1946
318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **790**

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2832 A Victor St /
(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 0-0-0
(c) City or town St Louis 2/7
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2832 A Victor St
(If rural, give location) 11
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephen J Bergmeier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 21 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St Louis (City, town, or county) (State or foreign country) 0

10. Usual occupation Sbove Moulder

11. Industry or business _____

MOTHER FATHER { 12. Name Conrad Bergmeier 4

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Mary Bathe

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Mary Bergmeier

(b) Address 2832 A Victor St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 / 46
(Month) (Day) (Year)

(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Thos. L. ...

(b) Address 2906 Gravois Ave

19. (a) JAN 24 1946 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1946 hour 5 00 P minute M

21. I hereby certify that I attended the deceased from March 10 1946, to Jan 18 1946. that I last saw him alive on Jan 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 3 days

Due to Coronary Arteriosclerosis (?)

Due to Generalized Arteriosclerosis 1-2 yrs

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

Major findings: Of operations 9/4

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Edward D. Campbell (M. D. or other) M.D.

Address 222 S. ... Date signed 1/23/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2295

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..... *Leol Buddle*.....

Licensed Embalmer No. *3989*.....

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.