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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 8 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

25314

State File No.

Registrar's No.

7166

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:  
Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME

Anna Bergmann

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George

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

7. Birth date of deceased January 9, 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>6</u>	<u>22</u>	hr. _____ min.

9. Birthplace St. Louis  
(City, town, or county)

Missouri  
(State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name Herman Rieckus

13. Birthplace.....  
(City, town, or county)

Germany  
(State or foreign country)

14. Maiden name Catherine Kirchoff

15. Birthplace.....  
(City, town, or county)

Germany  
(State or foreign country)

16. (a) Informant Wm Croner

(b) Address 6117 Vermont

17. (a) Burial (b) Date thereof Aug 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Mausoleum

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) AUG 7 1947  
(Date received local registrar)

(b) [Signature]  
(Registrar's signature)

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. Melbourne Hotel  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1947 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 5, 1946, 19... to July 31, 1947, 19...  
that I last saw her alive on July 31, 1947, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Auricular Fibrillation,

Duration

July 17, 1947.

Due to.....

Due to.....

Other conditions: Uremia,  
(Include pregnancy within 3 months of death)

July 22, 1947.

Major findings:  
Of operations.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?.....  
(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 [Signature] M.D. (M. D. or other)  
Address 320 Metropolitan Bldg. Date signed 8/1/47

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

Dr. O. C. Rawley  
Metropolitan  
1-2 of 10 p.m.

**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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7874 S. Broadway

**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.