S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40475

FILED NOV 25 1947

Registration District No. 817

Primary Registration District No. 6076

Registrar's No. 2399

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 Days (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Washington 999
(c) City or town Nashville 11
(If outside city or town limits, write "RURAL")
(d) Street No. RR #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME BERGMAN, Herman W.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Helene Bergman
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased September (Month) 6 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	14	hr. min.

9. Birthplace Venedy, (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Registrar
(b) Address V.A.Hosp. Jeff. Brks. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Plum Hill, Ill.
18. (a) Signature of funeral director C. Hoffmeister U & L.Co.
(b) Address 7814 S. Bdwy. St. Louis, Mo.
19. (a) 11-21-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20 year 1947 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from October 18, 1947, to November 20 1947; that I last saw him alive on November 20, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death SUBARACHNOID HEMORRHAGE, Old, MASSIVE. CEREBRAL HEMORRHAGE, INTRACEREBRAL, LEFT FRONTAL, WITH PENETRATION INTO VENTRICLES.

Due to PULMONARY EDEMA, MASSIVE, BILAT.

Other conditions 83 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy Autopsy performed (See cause of Death)

Duration: Unk. Unk.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? (e) Means of injury 0
23. Signature L.E. Stilwell (M. D.)
Address V.A.H. Jeff. Brks. Mo. Date signed 11/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DEC 8 1941

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 P. Schamacher

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.