No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2261

Registration District No. 318 | Primary Registration District No. | Registrar's No. 33

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 St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community

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. 5085 Page Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cecilia Bergmann
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John F. Bergmann
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased March (Month) 20 (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
46	9	11	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER FATHER
12. Name Patrick S. Brennan
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Mary Sheehan
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant John F. Bergmann
(b) Address 5085 Page Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation S. S. Peter & Paul Cem.
18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.
19. (a) JAN 3 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1 year 1948 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from 12-25, 1947, to 1-1, 1948 that I last saw her alive on 1-1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ch. bilateral pyelo-nephritis	months
Cerebral thrombosis	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

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) No
(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
23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 1/2/48

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

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.....Ronald Yahnke

Licensed Embalmer No. 3987

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.