

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9171

FILED MAR 18 1948

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 18

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

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town DeSoto
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
318 Lake
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 28 Years
years, months or days

3. (a) PRINT FULL NAME Bethana Bergner

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

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 Silas Bergner

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Feb. 26 - 1881
(Month) (Day) (Year)

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

66 11 26 hr. min.

9. Birthplace Sullivan Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Vincent Blanton

13. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jones

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

16. (a) Informant Sadie Hague

(b) Address 318 Palast, DeSoto - Mo

17. (a) Burial (b) Date thereof Feb. 25 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City (DeSoto)

18. (a) Signature of funeral director J. Lee Mothershead

(b) Address DeSoto

19. (a) 3/6/48 (b) Marie Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson

(c) City or town DeSoto
(If outside city or town limits, write "RURAL")

(d) Street No. 703 St. Louis
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1948 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Feb 5, 1948, to Feb 22, 1948
that I last saw u alive on Feb 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Rheumatic fever

Duration

yes

yes

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9375

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?

(Specify type of place)

While at work? 2 (c) Means of injury

23. Signature J. Polyzach (M.D. or other) DO

Address DeSoto, Mo Date signed 2-23-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 17 1948

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 *J. E. Mottenthal*
Licensed Embalmer No. *3531*
P. O. Address *Detroit Mich*

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.