No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 22 1948
Registration District No. 59

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 18858
Registrar's No. 187

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 2 wks (Specify whether
In this community 2 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Perryville Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? (~~Yes~~ or No)
If yes, name country

3. (a) PRINT FULL NAME Ferdinand G. Bergman
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Louisa A. Bergman
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January (Month) 29 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	11	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name John Bergman
13. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Salome Hoehn
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Wallace Bergman
(b) Address Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo
19. (a) 6-16-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 44

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 10
year 1948 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from May 28, 1948, to June 10, 1948;
that I last saw him alive on June 10, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	3 wks
Due to Hypertensive cardio-vascular disease.	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 932

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)
(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 Charles F. Wilson (M. D. or other) M.D.
Address 727 Broadway Cape Girardeau Mo. Date signed 6-14-48.

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

RECEIVED
District Health Officer No. 4
District File Number 648-78
Date Filed 6-21-48

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 Edward Leyoung

Licensed Embalmer No. 2138

P. O. Address Perryville 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.