

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31602**
Registrar's No. **7895**

FILED SEP 20 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7895	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 4919 FINKMAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION BETHESDA HOSPITAL				d. STREET ADDRESS (If rural, give location) 4919 FINKMAN			
3. NAME OF DECEASED (Type or Print) a. (First) CAPT. FRED b. (Middle) J. c. (Last) BERGMANN			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 10, 1949				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH MAR. 10 1898	9. AGE (in years) last birthday 51	if UNDER 1 YEAR Days 6	if UNDER 24 Hrs. Hours _____	if UNDER 15 Min. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CAPTAIN FIRE DEPT.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY BERGMANN			13b. MOTHER'S MAIDEN NAME AMELIA NESSEL		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME WM BERGMANN ADDRESS 6222 NOTTINGHAM			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis ANTECEDENT CAUSES Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 1 hr ?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? #221			
22. I hereby certify that I attended the deceased from July 23, 1949 , to Sept 10, 1949 , that I last saw the deceased alive on Sept 10, 1949 , and that death occurred at 5 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) May Stedloff, MD				23b. ADDRESS 572 Doris Place		23c. DATE SIGNED 9/12/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY New ST. MARCUS		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. SEP 12 1949		REGISTRAR'S SIGNATURE J.B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuti 2906 Leavitt			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

James C. Hill

Signed.....

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address. 2906 Davis

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.