

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 29 1950

State File No. 24554
6227
Registrar's No.

318 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>MISSOURI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>16 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3006 VIRGINIA AVE</u>				d. STREET ADDRESS (If rural, give location) <u>3006 VIRGINIA AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>		b. (Middle) <u>A.</u>		c. (Last) <u>BERGMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 18 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 10 1869</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u>	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EDWARD A. KLUGE</u>			13b. MOTHER'S MAIDEN NAME <u>MUELLER</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ERNST BERGMANN 3006 VIRGINIA.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio-sclerotic cardio-vascular disease</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>several years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/22.1</u>			
22. I hereby certify that I attended the deceased from <u>10 Oct., 1949</u> , to <u>18 July, 1950</u> , that I last saw the deceased alive on <u>17 July, 1950</u> , and that death occurred at <u>2:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert S. Nye, M.D.</u>				23b. ADDRESS <u>3201 Arsenal St.</u>		23c. DATE SIGNED <u>19 July '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 21 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS. MO.</u>		
DATE REC'D BY LOCAL REG. <u>JUL 20 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Suter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Rutes 2906 Bravos Ave</u>			

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

DRURY
10 21 11
3201 Cass St La 2154

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed James C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Shaw

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.