

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2917

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Marine Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6024 Kingsbury Ave</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>George</u> c. (Last) <u>Bergamo</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 3 50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 14 1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor Store</u>	9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u> IF UNDER 12 HOURS Hours <u></u> Min. <u></u>
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Manager</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>Liquor Store</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
13a. FATHER'S NAME <u>John George UNKNOWN Bamberg</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN Alice Isaak</u>	14. NAME OF HUSBAND OR WIFE <u>Emy Bergamo</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-24-4277</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emy Bergamo 6024 Kingsbury St L</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>poisoning- accidentally drinking an insecticide known as "Blot" which contains tetraethyl pyrophosphate</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>pyrophosphate</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death:</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Greenhouse</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kirkwood, St. Louis, Mo.</u>		21d. HOW DID INJURY OCCUR? <u>Drank liquid from jug which dec. thought contained wine.</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 3 50 Pm.</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ernest J. Billmann</u> (Degree or title) <u>3 Coronet</u>		23b. ADDRESS <u>Clayton, Mo.</u>	
23c. DATE SIGNED <u>12/4/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/6/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/4/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u>		ADDRESS <u>Kirkwood 22 Mo</u>	

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

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

*William H. Fitzgerald*

Signed.....

Student Embalmer

Licensed Embalmer No. *4316*

P. O. Address. *Kulcurood, Me*

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.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimization procedures.

43098-50

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of St. Louis } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 28th day of June, 1956, before me appears  
Werner Shulton, who, upon her oath, states that the original record of ~~birth~~ death  
for John George Bergamo ~~born~~ died Dec. 3, 1950, 19\_\_\_\_, in the State of  
Missouri, and which was filed at Jefferson City, Missouri on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 13A should read JOHN GEORGE BAMBERG

Instead of UNKNOWN

Item No. 13B should read ~~ALICE~~ ALICE ISAAK

Instead of UNKNOWN ~~ALICE ISAAK~~

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Werner Shulton  
Relationship: \_\_\_\_\_  
823 CLARA, ST. LOUIS 14 MO  
Present Address.

Subscribed and sworn to before me this 28th day of June, 1956

My Commission expires March 30, 1963

Werner Shulton  
Notary Public.