

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5864  
1159

|  |                                  |   |   |   |  |   |  |
|--|----------------------------------|---|---|---|--|---|--|
| BIRTH NO. _____  |                                  | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St Louis</b>   |                                  | c. LENGTH OF STAY (In this place)<br><b>32 yrs</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St Louis</b>                              |  | <b>2029</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4631 Rosa</b>  |                                  |   |   | f. STREET ADDRESS<br><b>4631 Rosa</b>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Augusta</b><br>b. (Middle) _____<br>c. (Last) <b>Bergmann</b>  |                                  |   | 4. DATE OF DEATH<br>(Month) <b>Feb.</b> (Day) <b>4</b> (Year) <b>1951</b> |   |  |   |  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>single</b>   | 8. DATE OF BIRTH<br><b>Oct. 13 1870</b>                                   | 9. AGE (In years, less birthday)<br><b>80</b>   | IF UNDER 1 YEAR<br>Months _____ Days _____ |   | IF UNDER 10 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY _____   |   | 11. BIRTHPLACE (State or foreign country)<br><b>St Louis, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |
| 13a. FATHER'S NAME<br><b>Henry Bergmann</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Brueggemann</b>                           |   |  | 14. NAME OF HUSBAND OR WIFE _____   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |                                  | 16. SOCIAL SECURITY NO. _____   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Elmer Schoenlau 4631 Rosa</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Cardiac dilatation</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><b>Chronic Myocarditis</b><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>  |  |
| 19a. DATE OF OPERATION _____   |                                  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) (m.) _____   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br><b>H 2 1/2</b>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Jan 22, 1947</b> , to <b>Feb 4, 1951</b> , that I last saw the deceased alive on <b>Feb. 2, 1951</b> , and that death occurred at <b>3:40 A.M.</b> , from the causes and on the date stated above. |                                  |   |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>H. H. Lasater M.D.</b>  |                                  |   |   | 23b. ADDRESS<br><b>6811 Gravois</b>   |  | 23c. DATE SIGNED<br><b>2/6/51</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>   |                                  | 24b. DATE<br><b>2/6/51</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Old St Marcus Cem.</b>   |  | 24d. LOCATION (City, town, or county) (State)<br><b>St Louis, Mo.</b>                       |  |
| DATE REC'D BY LOCAL REG. <b>FEB 6 1951</b>   |                                  |   | REGISTRAR'S SIGNATURE<br><b>J. H. Lasater</b>                             |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>J. L. Ziegenhein &amp; Sons 7027 Gravois</b> |  |

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

*Witnessed and sealed by me at  
St. Louis, Mo. 1914*

**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

*W. G. Peterson*

Licensed Embalmer No. 3767

P. O. Address 7077 Gravois

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.