

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9884**
Registrar's No. **2795**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
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 town or St. Louis, Missouri)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 1810 E ALLEN			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) F.		c. (Last) Bergmann		4. DATE OF DEATH (Month) (Day) (Year) Mar. 23 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH MAR. 21, 1895	
9. AGE (In years last birthday) 56		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY M.K.T. LINES		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME HENRY BERGMANN		13b. MOTHER'S MAIDEN NAME AMELIA NESSEL		14. NAME OF HUSBAND-OR WIFE KATHERINE BERGMANN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 488-10-6702		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES W. BERGMANN 5655 CHAMBERLAIN			
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) Cerebral vascular hemorrhage ANTECEDENT CAUSES DUE TO (b) Essential Hypertension DUE TO (c) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-22-51 , 19___, to 3-23-51 , 19___, that I last saw the deceased alive on 3-23-51 , 19___, and that death occurred at 11:35A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert H. Wagner, M.D.				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 26 1951		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. MAR 26 1951		REGISTRAR'S SIGNATURE J. B. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Broadway Ave.			

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

*Hand
red*

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 *Leo J. Budde*.....
Licensed Embalmer No. *3989*.....

P. O. Address *St. Louis, 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.