

FILED FEB 11 1953

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 2857

Registrar's No. 0211

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before) a. STATE Missouri b. COUNTY St. Louis (admission)				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston 4 3/4				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospt				d. STREET ADDRESS (If rural, give location) 6227 Lenox Ave!				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Herman c. (Last) Bergesch			4. DATE OF DEATH (Month) (Day) (Year) Jan 7 1953					
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 9 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus driver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Troy Mo. C		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME August Bergesch		13b. MOTHER'S MAIDEN NAME Caraline Peitzmann		14. NAME OF HUSBAND OR WIFE Lattie Bergesch				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490 01 8170		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lattie Bergesch 6227 Lenox Ave.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of The Ampulla DUE TO (c) of Vateral and Pancreas 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 days 2 yrs?	
19a. DATE OF OPERATION 1-6-53		19b. MAJOR FINDINGS OF OPERATION CARCINOMA Ampulla of VATER & PANCREAS				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (i.e., 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? 155X				
22. I hereby certify that I attended the deceased from 1-5, 1953, to 1-6, 1953, that I last saw the deceased alive on 1-6-53, 1953, and that death occurred at 3:45 p. m., from the causes and on the date stated above.								
22a. SIGNATURE Corneil Plostellio M.D.			22b. ADDRESS 3720 Washington			22c. DATE SIGNED 1-8-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/10/53		24c. NAME OF CEMETERY OR CREMATORY Bray Cemetery		24d. LOCATION (City, town, or county) (State) Moscow Mills Mo.		
DATE REC'D BY LOCAL REG. JAN 8 1953		REGISTRAR'S SIGNATURE Jos Clark Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos Clark 1125 Hodiament Ave.				

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

2283

(Licensed Embalmer's Statement on Reverse Side)

December 1
Baltimore Md

1127 Bric
326 PM.
5 EA.

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 John J. Baird
Licensed Embalmer No. 4198

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.