

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23426

State File No.

FILED JUN 26 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1612

4000

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

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>Lemay</u>		c. LENGTH OF STAY (in this place) <u>20 yrs.</u>	c. CITY OR TOWN <u>Lemay</u> ?
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 8, Hawkins Road</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>****</u> c. (Last) <u>BERGMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1953</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>May 11, 1871</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service station operator</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Proprietor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Johan Bergmann</u>	
13b. MOTHER'S MAIDEN NAME <u>Theresa Bichler</u>		14. NAME OF HUSBAND OR WIFE <u>Clauise Bergmann</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clauise Bergmann</u>		ADDRESS <u>Rt. 8, Hawkins Rd, Lemay</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> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> ANTECEDENT CAUSES DUE TO (b) _____ 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>422.2</u>	
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 <u>7/15</u> , 19 <u>52</u> , to <u>6/9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5/31</u> , 19 <u>53</u> , and that death occurred at <u>1 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. H. Oster</u>		23b. ADDRESS <u>M.D. 4145 a S. Grand Blvd.</u>	
23c. DATE SIGNED <u>6/9/53</u>		23d. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>	
23e. LOCATION (City, town, or county) (State) <u>Mehlville, Missouri</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mehlville, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6-10-53</u>	
REGISTRAR'S SIGNATURE <u>Harold R. Dambach</u>		FUNERAL DIRECTOR'S SIGNATURE <u>G. Hoffmeister</u>	
ADDRESS <u>14 So. Broadway St. Louis 11 Mo.</u>		ADDRESS <u>U. & L. Co.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Harry J. Schuman*

Licensed Embalmer No. *2679*

P. O. Address *7514 1/2 Broad*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.