No. 300
10.48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14403

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 967

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rich Hts Mo
c. LENGTH OF STAY (In this place) 48 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Mary's Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE West Va
b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elkins West Virginia
d. STREET ADDRESS (If rural, give location) Elkins West Virginia 8470 8

3. NAME OF DECEASED (Type or Print)
a. (First) LETHAL
b. (Middle) V
c. (Last) BERGDOLL

4. DATE OF DEATH (Month) (Day) (Year) April 24 1954

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH Dec 22-1897
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months 4, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) Lahmansville West Va
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Veach
13b. MOTHER'S MAIDEN NAME Elizabeth Dettenburg
14. NAME OF HUSBAND OR WIFE Homer Bergdoll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Homer Bergdoll — ADDRESS Elkins West Va

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension — 14 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒ 331X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* 4-27, 1949, *to* 4-24, 1954, *that I last saw the deceased alive on* 4-24, 1954, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert E. Fogg M.D.
23b. ADDRESS 539 N. Grand Blvd.
23c. DATE SIGNED 4-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE April 25 1954
24c. NAME OF CEMETERY OR CREMATORY Lahmansville Cem
24d. LOCATION (City, town, or county) (State) Lahmansville West Va

DATE REC'D BY LOCAL REG. 4/24/54
REGISTRAR'S SIGNATURE Herbert R. Smoke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE M H Bocklage
ADDRESS 6536 Clay Ave Ro

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____ _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed John J Haines

Licensed Embalmer No. 4108

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.