

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis.** c. LENGTH OF STAY (in this place) **1 yr Mo. 3 days.** c. CITY OR TOWN **St. Louis.** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital** e. STREET ADDRESS (If rural, give location) **13 5800 Arsenal St. 212 1/2**

3. NAME OF DECEASED a. (First) **Otto** b. (Middle) _____ c. (Last) **Bergstede.** 4. DATE OF DEATH (Month) (Day) (Year) **March 19, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widower.** 8. DATE OF BIRTH **July 19, 1865** 9. AGE (In years last birthday) **89** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY **Real Estate Operator** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo. Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Herman Bergstede** 13b. MOTHER'S MAIDEN NAME **Mary Houck.** 14. NAME OF HUSBAND OR WIFE **Louise Apple.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Frances Bergstede 2647 Russell Blvd.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease** INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) **Generalized arteriosclerosis**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **Pulmonary emphysema**
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **Feb. 16, 1954**, to **March 19, 1955**, that I last saw the deceased alive on **March 19, 1955**, and that death occurred at **5:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **3-19-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **CREMATION** 24b. DATE **Mar 21/55** 24c. NAME OF CEMETERY OR CREMATORY **Mo Crematory** 24d. LOCATION (City, town, or county) (State) **St Louis MO**

DATE REC'D BY LOCAL REG. **MAR 21 1955** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E. J. Schmur 9125 Lafayette**

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *Joseph B. Vollmann*

Licensed Embalmer No. *41013*
P. O. Address *3125 Lufkin*

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.