

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

10505

State File No.

No. 300
10. 48

FILED APR 4 1955

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| BIRTH NO. | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>542</u> | | Registrar's No. <u>670</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>SAINT LOUIS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FERGUSON</u> | | c. LENGTH OF STAY (in this place) <u>6 wks.</u> | | c. CITY OR TOWN <u>SAINT LOUIS</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>HALLS FERRY MEMORIAL HOME</u> | | | | STREET ADDRESS (If rural, give location) <u>4828 Palm St. 15</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>*****</u> c. (Last) <u>BERGSIEKER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 21 1955</u> | | | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>DECEMBER 17, 1875</u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Bricklayer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>John Hill Const. Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>William Bergsieker</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Lottie Finke</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Alvina (Kamp) Bergsieker</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>488-05-6482</u> | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Laura Keitel, 4828 Palm St. 15</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema, acute</u> | | | | ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> | | | | <u>1 day</u> | |
| DUE TO (c) <u>Bronchial Asthma</u> | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary emphysema</u> | | | | <u>unknown</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) | | | |
| 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>Feb 12, 1955</u> , to <u>March 21, 1955</u> , that I last saw the deceased alive on <u>Mar 15, 1955</u> , and that death occurred at <u>11:40 Am.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE, (Degree or title) <u>Lewis Littmann MD</u> | | | | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> | | | 23c. DATE SIGNED <u>3/22/55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Mar. 24, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Friedens Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3/22/55</u> | | REGISTRAR'S SIGNATURE <u>Heberth Romberg</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>ALVIN F. FEUTZ, 4828 Nat'l. Bridge 15</u> | | | | | |

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.....
Signature of Student Embalmer

Signed *Ralph G. Lenders*.....

Licensed Embalmer No. *427*.....

P. O. Address *St. Louis*.....

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.