

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28514**

FILED SEP 13 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1938**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) AFFTON		c. CITY OR TOWN AFFTON 482 P	
c. LENGTH OF STAY (in this place) 14 YEARS		d. Is residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5021 FRANKFORT AVENUE		e. STREET ADDRESS (If rural, give location) 5021 FRANKFORT AVENUE	
3. NAME OF DECEASED a. (First) GOTTFRIED		b. (Middle) A.	
c. (Last) BERGT		4. DATE OF DEATH (Month) (Day) (Year) August 20-1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH October 18-1879
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gustodian (Retired)	11. BIRTHPLACE (City and State or Foreign Country) Frohna, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Julius Bergt	
14. MOTHER'S MAIDEN NAME Emma Noennig		15. NAME OF HUSBAND OR WIFE Emmatheresa Mueller	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY # 487-36-2044	17. INFORMANT'S SIGNATURE OR NAME Mrs Emma T. Bergt ADDRESS 5021 FRANKFORT AVE	
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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		INTERVAL BETWEEN ONSET AND DEATH 10 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF PANCREAS WITH REGIONAL NODE AND HEPATIC METASTASIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. Hepatic METASTASIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157x			

19a. DATE OF OPERATION 4/15/55	19b. MAJOR FINDINGS OF OPERATION Obstruction of Duodenum 2/55 OF CHOL. DUCTUS 4/55	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)	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 **9/26, 1947**, to **8-20, 1955**, that I last saw the deceased alive on **8-20, 1955**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Anna L. Snail MD (Degree or title)	23b. ADDRESS 2838 S GRAND BLVD	23c. DATE SIGNED 8/20/55
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Reburied	24b. DATE August 23-1955	24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery
24d. LOCATION (City, town, or county) (State) Frohna, Missouri		

DATE REC'D BY LOCAL REG. 8/20/55	REGISTRAR'S SIGNATURE Herbert R. Dunkel	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden ADDRESS F. H. 1936 St. Louis Ave.
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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 None
Signature of Student Embalmer

Signed Delix J. Krupin

Licensed Embalmer No. 349

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.