

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 24 1956

318

1003

28413
28413
6573

Registration District No. Primary Registration District No. Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Missouri</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>ST. LOUIS 216⁹</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i> | | Length of stay in 1b | d. STREET ADDRESS <i>3216 S. COMPTON</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>F.</i> Last <i>Bergmann JR.</i> | | | 4. DATE OF DEATH Month <i>July</i> Day <i>11</i> Year <i>1956</i> |
| 5. SEX <i>MALE</i> | 6. COLOR OR RACE <i>WHITE</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>OCT 26 1901</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LETTER CARRIER</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>ST. LOUIS POST OFFICE</i> | 11. BIRTHPLACE (City and state or country) <i>MISSOURI</i> |
| 13. FATHER'S NAME <i>JOHN BERGMANN</i> | | 14. MOTHER'S MAIDEN NAME <i>ELIZABETH SCHAB</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT <i>JOHN BERGMANN</i> Address <i>6311^A SUTHERLAND</i> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Coronary atherosclerosis heart disease</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour <i>4:20</i> Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <i>6-29-56</i> to <i>7-11-56</i> and last saw <i>him</i> alive on <i>7-11-56</i> Death occurred at <i>6:30a</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Carson M Boinstern</i> | | 22b. ADDRESS <i>1515 Lafayette</i> | 22c. DATE SIGNED <i>7-13-56</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 23b. DATE <i>JULY 14 1956</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>S. S. PETER + PAUL</i> | 23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MO</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>Thomas Kutis 2906 Beauvoir</i> | | 25. DATE RECD. BY LOCAL REG. <i>JUL 13 1956</i> | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |

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.....
Licensed Embalmer No. 43
P. O. Address 2906 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.