

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015387
State File No.

FILED MAY 9 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 116

09230

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>1 WK.</u>	
c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R. R. 1 O'Fallon, Mo.</u>	
3. NAME OF DECEASED (Type or Print) <u>William</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Bergfeld</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1958</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 28, 1872</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Weldon Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Bergfeld</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Fey</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Bergfeld</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Amilia Bergfeld, St. Charles, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PROBABLE UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC PYELONEPHRITIS</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY & GENERALIZED ARTERIOSCLEROSIS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	
20. AUTOPSY? <u>2</u> 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) <u>4200</u>	
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 <u>18 Apr. 1952</u> , to <u>25 Apr. 1952</u> , that I last saw the deceased alive on <u>25 Apr. 1952</u> , and that death occurred at <u>2:25 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Kene J. DuMontier M.D.</u>		23b. ADDRESS <u>0 O'Fallon, Mo</u>	
23c. DATE SIGNED <u>4/30/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 28, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weldon Springs</u>	
24d. LOCATION (City, town, or county) (State) <u>Weldon Springs, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. ... St. Charles, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 2-58</u>		REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>	

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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 *Arthur C. Jones*.....

Licensed Embalmer No. *2157*.....

P. O. Address *St. Charles*.....

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.