Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042626
STATE FILE NUMBER

FILED NOV 17 1958

Registration District No. 312 Primary Registration District No. 544 Registrar's No. 2739

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KIRKWOOD — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST JOSEPH HOSP. — Length of stay in Hospital: 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: KIRKWOOD 4713 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 369 ALTUS — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HENRY Middle: W Last: BERGMANN

4. DATE OF DEATH: Month: OCT. Day: 22, Year: 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: OCT. 5, 1903
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALES REPRESENTATIVE
10b. KIND OF BUSINESS OR INDUSTRY: COFFEE
11. BIRTHPLACE (City and state or country): ST LOUIS Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: WILLIAM BERGMANN
13b. MOTHER'S MAIDEN NAME: NOT KNOWN
14. NAME OF HUSBAND OR WIFE: EDNA BERGMANN

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.: 489-09-4721
17. INFORMANT: EDNA BERGMANN Address: 369 ALTUS

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): atelectasis rt. lung — INTERVAL BETWEEN ONSET AND DEATH: 1wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Adenocarcinoma, both lungs — Approx. 6 mos
DUE TO (c): 163X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 OCT. 13, 1958, to OCT. 22 1958 and last saw him alive on OCT. 22, 1958
Death occurred at 11:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James E. Meyer, M.D.
22b. ADDRESS: BALLWIN, Missouri
22c. DATE SIGNED: OCT. 23, 1958

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: 10-25-58
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA CREMATORY
23d. LOCATION (City, town, or county) (State): ST LOUIS COUNTY Mo.

24. FUNERAL DIRECTOR: J L ZIEGENHEIN & SONS ADDRESS: 7027 GRAVOIS
25. DATE RECD. BY LOCAL REG.: 10-25-58
26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Donald E Berg

Licensed Embalmer No. 4863

P. O. Address 7027 Gran

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.