

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031066

FILED VS SEP 8 1959 317

Registration District No. 500 Primary Registration District No. 2365 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AFFTON		Length of stay in 1b YRS	c. CITY OR TOWN AFFTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5338 WILLARD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5338 WILLARD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROSA Middle BERGMANN Last			4. DATE OF DEATH Month AUGUST Day 31 Year 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/8/1885	9. AGE (last birthday) 73	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY PHELPS Co., Mo.		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME WILLIAM McCAMMON		13b. MOTHER'S MAIDEN NAME ----- GRISONE		14. NAME OF HUSBAND OR WIFE DECEASED		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address JOHN LENGFELDER 5338 WILLARD		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) PULMONARY EDEMA	
	DUE TO (c) SENILITY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. 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 6/17/59 to 8/31/59 and last saw her alive on 8/31/59 Death occurred at 7:45 P on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Eugene H. Stuttmatter S.O.		22b. ADDRESS 8604 Gravois Ave		22c. DATE SIGNED 9/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9/3/1959		23c. NAME OF CEMETERY OR CREMATORY ST. MARTIN'S CEM. HIGH RIDGE, MISSOURI	
24. FUNERAL DIRECTOR ADDRESS JOHN L ZIEGENHEIN & SONS 7027 GRAVOIS		25. DATE RECD. BY LOCAL REG. 9-3-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.	

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gray

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.