

FEDERAL BUREAU OF INVESTIGATION  
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031530

FILED VS. SEP 14 1960 273

Primary Registration District No. \_\_\_\_\_ Registrar's No. 107

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Central Twp.</b>	Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Perryville</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perryville, Rte. 3</b>		d. STREET ADDRESS (If outside, give location) <b>Rte. 3</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>G.</b> Last <b>Bergman</b>			4. DATE OF DEATH Month <b>8</b> Day <b>28</b> Year <b>60</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-1-1904</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Perry County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Frederick Bergman</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Ochs</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lenora Bergman</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-42-0790</b>	17. INFORMANT Address <b>Mrs. Lenora Bergman, Perryville, R.3</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowning</b> DUE TO (b) <b>Falling in Creek</b> DUE TO (c) <b>Corner of Perry County, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) <b>Falling in 7 ft of water</b>
20c. TIME OF INJURY Hour _____ Month <b>28</b> Day <b>60</b> Year <b>60</b> a.m. _____ p.m. <b>2:38</b>		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Farmer Home Rte 3 - Perryville</b>	20f. CITY, TOWN, OR LOCATION <b>Perryville - Rte 3</b> COUNTY <b>Perry</b> STATE <b>Mo</b>
21. I attended the deceased from <b>Corner of Perry County, Mo.</b> to <b>Corner of Perry County, Mo.</b> and last saw her/him alive on _____ Death occurred at <b>2:30</b> <b>P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		

21. SIGNATURE (Degree or title) <b>C. M. Wiseman</b> <b>Coroner of Perry County, Mo.</b>	22b. ADDRESS <b>Perryville Mo</b>	22c. DATE SIGNED <b>8-29-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-31-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>
23d. LOCATION (City, town, or county) <b>Perryville, Mo.</b>		

24. FUNERAL DIRECTOR <b>Young &amp; Sons Perryville Mo</b> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>8-31-60</b>	26. REGISTRAR'S SIGNATURE <b>Jose J. Geller</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 5 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Wallis Young

Licensed Embalmer No. 402

P. O. Address Perquimans

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.