RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-043339

STATE FILE NUMBER

FILED VS NOV 18 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10953

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,Mo.
Length of stay in 1b: 23days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois
b. COUNTY: St.Clair
c. CITY OR TOWN: Mascoutah
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 42 W.George St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: Edward
Middle:
Last: Bergheger,Sr.

4. DATE OF DEATH: Month: Nov. Day: 13, Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-26-1894
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Fayetteville.Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Geroge Bergheger
13b. MOTHER'S MAIDEN NAME: Angela Brinkman
14. NAME OF HUSBAND OR WIFE: Edna Harpstrite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#1
16. SOCIAL SECURITY NO.: 344-07-6745
17. INFORMANT: Edna Bergheger Address: 42 W.George Mascoutah,Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Ventricular septal defect	4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Myocardial Infarction	7 weeks
DUE TO (c)	Arteriosclerotic coronary heart disease	Years?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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. 20, 1960, to Nov. 13, 1960 and last saw her/him alive on Nov. 13, 1960
Death occurred at 11:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Rollins Hanlon M.D.
22b. ADDRESS: 1325 S. Grand St. Louis 4, Mo.
22c. DATE SIGNED: 11/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-17-60
23c. NAME OF CEMETERY OR CREMATORY: Green Mount Cemetery
23d. LOCATION (City, town, or county) (State): New Baden, Illinois

24. FUNERAL DIRECTOR: Clyde Hoercher
ADDRESS: 13 S.Market St. Mascoutah,Illinois
25. DATE RECD. BY LOCAL REG.: NOV 14 1960
26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalme

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clyde O Haecher

Ill. Licensed Embalmer No. 84

P. O. Address Mas conta

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