

318 Primary Registration District No. 1003 Registrar's No. 3174

STATE FILE NUMBER 10454

AMENDED

FILED APR 14 1961

|                                                                                                          |  |                                                                                                                      |                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |                                                                                                                                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                           |  | Length of stay in 1b<br>2 1/2 weeks                                                                                  | c. CITY OR TOWN St. Louis<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Missouri Baptist Hospital |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 | d. STREET ADDRESS Hamilton Medical Center<br>956 Hamilton<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|-----------------------------------------------------------------------------|--|--|--------------------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Anna Middle E. Last Bergsieker |  |  | 4. DATE OF DEATH<br>Month April Day 4, Year 1961 |  |  |
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|                  |                           |                                                                                                                                                             |                               |                              |                                           |                |
|------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|-------------------------------------------|----------------|
| 5. SEX<br>female | 6. COLOR OR RACE<br>white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>3-31-1876 | 9. AGE (last birthday)<br>85 | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|-------------------------------------------|----------------|

|                                                                                                             |                                                   |                                                                   |                                       |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired Maid | 10b. KIND OF BUSINESS OR INDUSTRY<br>Private Home | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A. |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------|---------------------------------------|

|                                       |                                         |                                         |
|---------------------------------------|-----------------------------------------|-----------------------------------------|
| 13a. FATHER'S NAME<br>Henry Stromberg | 13b. MOTHER'S MAIDEN NAME<br>Mary Basel | 14. NAME OF HUSBAND OR WIFE<br>deceased |
|---------------------------------------|-----------------------------------------|-----------------------------------------|

|                                                                                                                  |                         |                                                                    |
|------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)<br>no | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br>Mrs. Hilda Speicher, 4607a Pope Avenue<br>Address |
|------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Paradee arrest; Fracture of right hip, while</u><br><u>under going operation (hip fracture) at Missouri</u><br><u>Baptist Hospital on April 4th, 1961, about 12:30 p.m.</u><br>DUE TO (b) <u>accident</u><br>DUE TO (c) |  | 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)<br>904.7-45                                                                                                                                                                                                              |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

|                                                                                                   |                                                                                                                      |                                                                                                           |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)<br>See above |
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|                                                             |                                                                                                                   |                                                                                                      |                                               |              |       |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------|-------|
| 20c. TIME OF INJURY<br>Hour 12 p.m. Month, Day, Year 4-4-61 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Hospital | 20f. CITY, TOWN, OR LOCATION<br>St. Louis, MO | COUNTY<br>MO | STATE |
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| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><u>Joseph M. Hermann Deputy Coroner</u><br>(Degree or title) | 22b. ADDRESS<br>1300 Clark | 22c. DATE SIGNED<br>4-5-61 |
|--------------------------------------------------------------------------------|----------------------------|----------------------------|

|                                                       |                     |                                                         |                                                                             |
|-------------------------------------------------------|---------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|
| 23a. BURIAL (CREMATION, REMOVAL) (Specify)<br>removal | 23b. DATE<br>4-7-61 | 23c. NAME OF CEMETERY OR CREMATORY<br>Valhalla Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St. Louis County, Missouri |
|-------------------------------------------------------|---------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                                    |                                            |                                               |
|--------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| 24. FUNERAL DIRECTOR<br>Math Hermann & Son, Inc. 2161 E. Fair Ave. | 25. DATE RECD. BY LOCAL REG.<br>APR 5 1961 | 26. REGISTRAR'S SIGNATURE<br>Earl Smith, M.D. |
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ITEM NO. SHOULD READ BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT INSTEAD OF DATE AMENDED

**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 Clement McKeany

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.