

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-030568

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7241E** STATE FILE NUMBER

FILED AUG 18 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS** Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **419 MOTT** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO** b. COUNTY _____
 c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No
 d. STREET ADDRESS **419 MOTT** (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **LOUIS J. BERGIER** 4. DATE OF DEATH Month Day Year **AUG. 4 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3/14/1881** 9. AGE (last birthday) **74** 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) **Retired Laborer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **YUGOSLAVIA** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Lawrence**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) **No** 17. INFORMANT Address **ANTHONY BERGER 4518 ARCO**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Atherosclerotic Heart Disease; Generalized Atherosclerosis.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **420.0**
 DUE TO (c) _____

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.
 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 _____ Month, Day, Year _____ s.m. _____ p.m. _____

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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ **330 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph P. Fendler Jr. Deputy Registrar** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **8-4-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 23b. DATE **8/4/61** 23c. NAME OF CEMETERY OR CREMATORY **MT HOPE CEM.** 23d. LOCATION (City, town, or county) (State) **St. Mary - Mo.**

24. GENERAL DIRECTOR ADDRESS **JOS. P. FENDLER JR., 7128 MICHIGAN** 25. DATE RECD. BY LOCAL REG. **AUG 4 1961** 26. REGISTRAR'S SIGNATURE **Earl Smith. M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 ITEM NO. SHOULD READ
 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 embalmed by me,
or by Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Rocho

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.