

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024406

318 Primary Registration District No. 1003 Registrar's No. 6084

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6084** STATE FILE NUMBER

**FILED JUL 2 1962**

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY **Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **3 minute**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DePaul Hospital** Inside Limits **Yes** No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Jennings** Inside Limits **Yes** No

d. STREET ADDRESS (If outside, give location) **7040 Beulah Ave.** Reside on Farm **Yes** No

3. NAME OF DECEASED (Type or print) First **Diana Audrey** Middle **BERGMANN** Last **BERGMANN**

4. DATE OF DEATH **June 17, 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-17-62** 9. AGE (last birthday) **3**

IF UNDER 1 YEAR Months Days Hours Min. **3**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **infant** 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis, Mo.** 11. BIRTHPLACE (City and state or country) **U.S.A.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Donald L. Bergmann** 13b. MOTHER'S MAIDEN NAME **Theresa Jablonowski** 14. NAME OF HUSBAND OR WIFE **Mr. Donald L. Bergmann, 7040 Beulah Ave.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) **no** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Mr. Donald L. Bergmann, 7040 Beulah Ave.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **abrupt Placenta**  
DUE TO (b) **Pre-eclampsia**  
DUE TO (c) **769.0**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 a.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 **6/17/62** to **6/17/62** and last saw her alive on **6/17/62**  
Death occurred at **4:04 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** (Degree or title) 22b. ADDRESS **[Signature]** 22c. DATE SIGNED **6-18-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6-19-62** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

24. FUNERAL DIRECTOR **Math Hermann & Son, Inc** ADDRESS **2101 East Fair Avenue, St. Louis 7, Mo.** 25. DATE RECD. BY LOCAL REG. **JUN 19 1962** 26. REGISTRAR'S SIGNATURE **[Signature]**

USE BLACK INK OR TYPEWRITER RIBBON

**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

NOT EMBALMED MATH HERMANN & SON, INC.  
Signed Ruth Seever

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.