MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013025

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3747 STATE FILE NUMBER

FILED APR 8 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8	Jan. 24, 1890	Jan. 14, 1890	5-9-63
16	344-07-6744		5-9-63

Records Social Security Adm. Dated 5-19-55

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Lukes 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): 517 W. Church, — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Fred — Middle: — Last: Bergheger

4. DATE OF DEATH: Month: March — Day: 30 — Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/~~11~~ 24/1890
9. AGE (last birthday): 73 — 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 Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Fayetteville, Illinois.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Bergheger
13b. MOTHER'S MAIDEN NAME: Angela Brinkmann
14. NAME OF HUSBAND OR WIFE: Ella

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of servi[illegible]) Nil.
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ella Bergheger, 517 W. Church, Mascoutah, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchogenic carcinoma — 3 months
DUE TO (c): 162.1

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

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

MEDICAL CERTIFICATION

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 November 21, 1961, to 30 March 63 and last saw her/him alive on 30 March 63
Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James F. Nickel, M.D.
22b. ADDRESS: #52 Maryland Plaza St Louis 8, Missouri
22c. DATE SIGNED: 1 April 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/3/63
23c. NAME OF CEMETERY OR CREMATORY: Mascoutah City Cem.
23d. LOCATION (City, town, or county) (State): Madcoutah, Illinois.

24. FUNERAL DIRECTOR — ADDRESS: Hoercher Funeral Home, Mascoutah, Ill.
25. DATE RECD. BY LOCAL REG.: APR 1 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.