

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

27101

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No. **7115**
 (c) City St. Louis (d) Street No. 4203 Glasgow Avenue St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ANNA BERGSIEKER, b. 2.3.
 (a) Residence, No. 4203 Glasgow Avenue St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Bergsieker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 7 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME George Grone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Phillepine Kocks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Henry Bergsieker
4203 Glasgow Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Aug. 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. FILED AUG 11 1938 J. B. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from AUG 3 1938, to AUG 9 1938.
 I last saw her alive on AUG 9 1938. Death is said to have occurred on the date stated above, at 4:15 A. M.

The principal cause of death and related causes of importance were as follows:

Ac. LOBAR PNEUMONIA RT SID
 Date of onset AUG 4 38

Other contributory causes of importance:

Cerebral hemorrhage RT-Cerebrum 3-1-38

Name of operation none Date of

What test confirmed diagnosis? by ex Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Wesley Medler M. D.

(Address) 111 W. Flourmont

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Ronald Hampton

Licensed Embalmer No. *19967*

P. O. Address.....

H. Louis H.

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 this body is not embalmed, above space should be left blank.