

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

4307  
 Do not use this space.

REC'D MAR 13 1939

751  
 1008

1. PLACE OF DEATH

(a) County ..... Registration District No. 14689

(b) Township ..... Primary Registration District No. .... Registered No. 1000

(c) City ..... (d) Street No. Firmin Desloge Hospital St. 1  
 (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 Bergeon

(a) Residence, No. 1521 Menard (rear) St. 23 (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 W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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

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

13. NAME Louis Bergeon

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

15. MAIDEN NAME Lillian Kennedy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT Louis Bergeon  
 (ADDRESS) 1521 Menard (rear)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Univ. DATE 2-1-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Richter  
3500 Rutger St.

20. FEB 1 1939 J. B. Brudish  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 - 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above at..... m.  
 The principal cause of death and related causes of importance were as follows:  
Extra-uterine pregnancy

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Millicy N. Keith, M. D.  
 (Address) 1325 S. Grand Blvd.

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**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.....

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