

APR 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH 1008

9229
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. 2994
 (c) City St Louis Mo. (d) Street No. St Lukes Hospital 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 Harry Dunceler Bergesch
 (a) Residence, No. 3661 Washington St. (If nonresident, give city or town and State) 19
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Hon. Wm. Bergesch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>3</u>	<u>28</u>	

OCCUPATION

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

FATHER

13. NAME Charles Frederick Bergesch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

MOTHER

15. MAIDEN NAME Mary Fitzpatrick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT Laurie Bergesch
 (ADDRESS) 3661 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 3-31-39

19. FUNERAL DIRECTOR Bergesch and Co
 (ADDRESS) 3661 Washington

20. FILED MAR 30 1939 J. F. Borden
 (Address) _____
 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1939

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1939, to March 29, 1939
 I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 10⁰⁰ a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia, right
Cirrhosis of liver
Chronic myocarditis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-RAY Was there an autopsy? Yes

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) H. F. Borden, M. D.
 (Address) 3720 Washington Blvd.

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.

RECORD IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed *Howard F. Newland.*

Licensed Embalmer No. *3114*

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.)