No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

688

State File No. 688

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4130 Carter Avenue (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 10 17

(d) Street No. 4130 Carter Ave. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edward C. Bergt

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena Bergt

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 18, 1875 (Month) (Day) (Year)

8. AGE: Years 65 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 6 (State or foreign country)

16. (a) Informant Lena Bergt

(b) Address 4130 Carter Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/41 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) JAN 22 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21 year 1941 hour 6 minute 30a. M.

21. I hereby certify that I attended the deceased from Jan 16, 1941, to Jan 20, 1941; that I last saw him alive on Jan 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to 61

Due to

Other conditions Arterio = Sclerosis (Include pregnancy within 3 months of death) Chr. Interstitial Nephritis

Major findings: Of operations 0

Of autopsy 5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence No

(c) Where did injury occur? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)

While at work? No (e) Means of injury No

23. Signature Paul Pemstorff (M. D. or other) 0

Address 3919 W Florissant Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.