

APR 28 1941 232

Registration District No. _____ Primary Registration District No. 5316 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grand
(b) City or town Grand
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years. years, months or days

8. (a) PRINT FULL NAME Charles Bergner

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Emile Bergner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28 1840
(Month) (Day) (Year)

8. AGE: Years 100 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis 7710 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Christian Bergner

13. Birthplace Germany Baden
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany Baden
(City, town, or county) (State or foreign country)

16. (a) Informant James Bergner
(b) Address Berryman

17. (a) _____ (b) Date thereof 2-15-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berryman

18. (a) Signature of funeral director Steelville
(b) Address _____

19. (a) March 27-1941 (Date received local registrar) J. Esbendero (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14 year 1941 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from 2-13, 1941, to 2-14, 1941 that I last saw h. live alive on 2-13, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Joseph L. Hurman (M. D. or other) D
Address St. Louis, Mo. Date signed 2-14-41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 441535

Date

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 L. J. Janas

Registered Apprentice No. 2379

working under my personal supervision.

Signed L. J. Janas

Licensed Embalmer No. 2379

P. O. Address Steeleville 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 this body is not embalmed, above space should be left blank.