

FILED OCT 8 1942

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **372**

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

1. PLACE OF DEATH  
 (a) County **St. Charles**  
 (b) City or town **St. Charles**  
 (If outside city or town limits write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Joseph & St. Charles**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **12 Hrs.** (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo** (b) County **St. Charles**  
 (c) City or town **Defiance**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Annie Fridley**  
 3. (b) If veteran, name war  3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Sept.** day **3**  
 year **1942** hour **5:30** minute **11** M.  
 21. I hereby certify that I attended the deceased from **Sept 2**  
 \_\_\_\_\_, 1942 to **Sept 3**, 1942;  
 that I last saw her alive on **Sept 2**, 1942;  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (c) Age of husband or wife if alive **3** years  
 7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year) **1883**

Immediate cause of death **General metastases**  
 Due to **Carcinoma right breast**  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) **50**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years **58** Months **9** Days **3** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace **Wright City Mo** (City, town, or county) (State or foreign country)  
 10. Usual occupation **Home duties**

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
 12. Name **Henry Bergasch**  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name \_\_\_\_\_  
 15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **John Bergasch**  
 (b) Address **Wright City Mo**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept 9-1942** (Month) (Day) (Year)  
 (c) Place: burial or cremation **Defiance**

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 \_\_\_\_\_

18. (a) Signature of funeral director **W. E. Pitman**  
 (b) Address **Wentzville Mo**  
 19. (a) **9-4-42** (Date received local registrar) (b) **Clarence G. Ulesaler** (Registrar's signature)

23. Signature **Verneda Schmidt** (M.D. or other) **SW**  
 Address **St. Charles Mo** Date signed **Sept 4-42**

AUG 11 1944

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: *J. E. Putman*

Licensed Embalmer No. *2711*

P. O. Address *Wentzville, 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, fact should be so stated above.**