V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43

State File No.

FILED FEB 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1064

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:
3620a Minnesota Ave., /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri, (b) County 159

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

(d) Street No. 4346a So. Compton Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Katherina Bergfeld,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White, /

6. (a) Single, widowed, married, divorced Single, 0

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 8 (Day) 1866, (Year)

8. AGE: Years 76 Months 11 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Bernard Bergfeld,
13. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

MOTHER
14. Maiden name Katherina Rolfes,
15. Birthplace (City, town, or county) Germany, 4 (State or foreign country)

16. (a) Informant Fred Bergfeld,
(b) Address 3620a Minnesota Ave.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.,

19. (a) FEB 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1
year 1943, hour 5: minute 45 A. M.

21. I hereby certify that I attended the deceased from 1-20, 1943, to 2-1-, 1943
that I last saw her alive on 2-1-, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	10 days.
Due to Chronic Myocarditis	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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)

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)

Address 3958 S. Grand St. Date signed 11/43

(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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe S. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 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.