

7. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

3917

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No.
Registrar's No. 1366

FILED FEB 23 1943
Registration District No. 318

Primary Registration District 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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4631 Rosa (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louis Bergmann
(b) If veteran, name war.....
(c) Social Security No. 489-05-2306

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 9
year 1943 hour 11 minute 30 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
(b) Name of husband or wife.....
(c) Age of husband or wife if alive..... years
7. Birth date of deceased. December 10 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 1941, to Feb 9 1943
that I last saw him alive on Feb 9 - 43, 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 1 29 hr. min.

Immediate cause of death.
Cardio Vascular Renal disease
Cerebral haemorrhage
Due to Cardio Vascular renal disease - Nephritis acute
Due to.....

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

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

10. Usual occupation..... Laborer

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business..... Kramer Dry Plate Co.

12. Name..... Henry Bergmann

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

14. Maiden name..... Catherine Brueggemann

15. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Catherine Schoenlau
(b) Address..... 4631 Rosa

17. (a) Burial (b) Date thereof..... 2-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Old St. Marcus

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?.....

18. (a) Signature of funeral director.....
(b) Address..... 7027 Gravois Ave

While at work?..... (Specify type of place)
(c) Means of injury.....

19. (a) FEB 11 1943 (b) J. F. Buschek
(If given, give local registration number) (Registrar's signature)

23. Signature..... J. H. Schauther (M. D. or other)
Address..... 540 1/2 Gravois Date signed..... 2-10-43

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Missouri

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.