

6700  
S. No. 2  
OM-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26475

State File No. \_\_\_\_\_  
Registrar's No. 7326

FILED AUG 23 1943

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
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. 3637 Sullivan Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louise Mathilda Bergt  
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 13,  
year 1943 hour 8:25 minute A. M.  
21. I hereby certify that I attended the deceased from August  
9, 1943 to August 13, 1943;  
that I last saw her alive on August 13, 1943;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles Bergt  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 1, 1859  
(Month) (Day) (Year)

Immediate cause of death  
Diabetes Mellitus  
Due to Generalized arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy as above

8. AGE: Years Months Days If less than one day  
84 3 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Geo. Kriesler  
13. Birthplace Germany (State or foreign country) 4  
14. Maiden name Don't Know  
15. Birthplace Don't Know (State or foreign country) 9

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 \_\_\_\_\_

16. (a) Informant Mrs. Elsie Krueger  
(b) Address 3637 Sullivan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Old Pickers

18. (a) Signature of funeral director Weick Bros.  
(b) Address 2201 S. Grand Bl.

23. Signature William J. [unclear] (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Avenue Date signed 8/13/43

19. (a) 4/16 19 1943 (Date received local registrar's certificate) J. F. [unclear] (Registrar's signature)

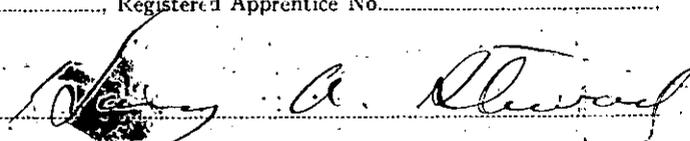
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....



Licensed Embalmer No..... **3722**.....

P. O. Address **412 Duchouquette St.**.....

**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.**