S. No. 2
M—2-43
5-17-39
I X35657

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4885

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2136

1. PLACE OF DEATH:

(a) County St, Louis.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1516 a Hamilton Avenue. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri. (b) County

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

(d) Street No. 1516a Hamilton Avenue. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Margaret Bergfeld.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred D. Bergfeld.

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 17 (Day) 1870 (Year)

8. AGE: Years 73 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Georgetown (City, town, or county) Kentucky. (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name William White.

FATHER 13. Birthplace Georgetown (City, town, or county) Kentucky. (State or foreign country)

MOTHER 14. Maiden name Dont Know.

MOTHER 15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant Fred D. Bergfeld.

(b) Address 1516a Hamilton Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Mount Lebanon Cem.

18. (a) Signature of funeral director Geo.L.Pleitsch, Inc.

(b) Address 5966 Easton Ave, St,Louis, Mo.

19. (a) MAR 3 1944 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1944 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1-1-42, 19, to 3-2, 19 44 that I last saw him alive on 3-2, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 2 hrs.

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations none

Of autopsy

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

23. Signature G. J. Finch (M. D. or other)

Address 6087 Kingsland Date signed 3-3-44

(Licensed Embalmer's Statement on Reverse Side)

Doctor Geo. J. Fuchs.
608 Kingsland Ave.
Office Hours 3 to 4 and 7 to 8.
Phone Cabany 8400.

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address 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.