

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 115

Primary Registration District No. 4187

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution:
500 East Park ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 16 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union
(If outside city or town limits, write "RURAL")

(d) Street No. 500 East Park ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Helene D. M. Bergman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1947 hour 4 minute 20 a.M.

4. Sex Female race white

5. Color or race _____

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 22nd 1920
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 13 1947 to March 19 1947
that I last saw h. ST alive on March 18 1947;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>6</u>	<u>27</u>	hr. _____ min.

Immediate cause of death Influenza

Due to _____

Due to _____

9. Birthplace Jeffersonburg Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House work

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

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11. Industry or business _____

12. Name John Bergman

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

14. Maiden name Mary Kappeler

15. Birthplace Kennett
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant John Bergman

(b) Address Union Mo.

17. (a) Burial (b) Date thereof 3/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Lutheran Church

18. (a) Signature of funeral director E. F. Ottensmeyer

(b) Address Union Mo.

19. (a) March 20-1947 (b) J. F. Cooper E. F. C.
(Date received local registrar) (Registrar's signature)

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)

(g) Means of injury _____

23. Signature B. J. Stuklinski (M. D. or other) _____

Address Union Mo. Date signed 3-19-47

Date Filed 3/28/47

District File Number.....

District Health Officer No. 8

RECEIVED

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..... E. F. Ottmann.....

Licensed Embalmer No. 1686.....

P. O. Address..... Union 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.