. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

6055

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2113

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: 1318 Clara 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:

(a) State Mo. (b) County .....

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

(d) Street No. 1318 Clara Ave.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Lillian H. Bergtold

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 married

6. (b) Name of husband or wife George W. Bergtold

6. (c) Age of husband or wife if alive 92 years

7. Birth date of deceased Apr. (Month) 27 (Day) 1870 (Year)

8. AGE: Years 77 Months 10 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Prom City (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Geo. W. Bergtold
(b) Address 1318 Clara Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Bieneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29 year 1948 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 30th, 1947, to Feb 28th, 1948; that I last saw him alive on Feb 28th, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Colon	2 years
Due to:	
Due to:	
Other conditions: Bleeding Hæmia (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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 .....

23. Signature Rush Turner (M. D. or other)
Address 1251 Blackstone Date signed Feb 29-48

Jefferson City Printing Co. (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.....

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

working under my personal supervision.

Signed.....Albert R. Thompson Jr.

Licensed Embalmer No.....4237

P. O. Address.....St. Louis

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.