

FILED AUG 25 1948

State File No. _____

Registration District No. 310Primary Registration District No. 3058Registrar's No. 163

1. PLACE OF DEATH:

(a) County St Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
709 N. 6th. Street
(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)

3. (a) PRINT
FULL NAMEHerman Bergsieker

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Schemmer
 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 30, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 8
 hr. _____ min.

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

10. Usual occupation Engineer11. Industry or business County Highway Department

MOTHER FATHER { 12. Name Louis Bergsieker
 13. Birthplace _____
(City, town, or county) (State or foreign country)

{ 14. Maiden name Wilhelmina Holke
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bergsieker
 (b) Address 709 N. 6th. Str., St. Charles, Mo.

17. (a) Burial (b) Date thereof Aug. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery18. (a) Signature of funeral director Harold W. Baur, Jr.(b) Address 326 N. 6th. Str., St. Charles, Mo.

19. (a) 8/19/48 (b) Pauline H. H. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 709 N. 6th. Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
 year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 7 -
1948 to Aug 8 1948
 that I last saw him alive on Aug 8 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction 1/2 hDue to EmbolismDue to 4/6 EOther conditions _____
(Include pregnancy within 3 months of death)Major findings: Coronary Sclerosis

Of operations _____

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 Virginia Schumacher (M.D. or other) MD
 Address St Charles Mo Date signed 8/19/48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
AUG 23 1948

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..... *Charles J. Nache*
Licensed Embalmer No. *4530*
P. O. Address..... *St. Charles, 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.