

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 11 1949

#92569
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

41274
State File No. 16980
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis City Hospital - ex C. Starkloff
(d) Length of stay: In hospital or institution 7 Days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 717 Shenandoah Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWARD BERGHOLTZ
3. (b) If veteran, name war No 3. (c) Social Security No. 488-10-0360
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Jan. 22nd 1892 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 18th year 1948 hour 4 minute 08 A.M.
21. I hereby certify that I attended the deceased from 12/11/48 to Dec. 18th 1948
that I last saw him alive on Dec. 18th 1948 and that death occurred on the date and hour stated above.
Immediate cause of death cerebral vascular accident Duration 9 days

8. AGE: Years 56 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation Anheuser-Busch

11. Industry or business Beer Bottler.

12. Name Frederick Bergholtz

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

14. Maiden name Unknown

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

16. (a) Informant Mary Bergholtz

(b) Address 717 a Shenandoah

17. (a) Burial (b) Date thereof 12/21/48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) DEC 20 1948 (b) J. B. Carsten (Date received local registrar) (Registrar's signature)

Other conditions pulmonary tuberculosis
Major findings: Of operations Of autopsy
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) Means of injury
23. Signature Frank J. Martin, M.D. 1515 Lafayette Date signed 12/18/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Robert Wheeler

Licensed Embalmer No. 2178

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.