

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10160  
Registrar's No. 2453

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>2453</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Saint Louis</u>		c. LENGTH OF STAY (in this place) OR TOWNSHIP) <u>1 Week</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP) <u>Saint Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1435a N. 24th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Bergevin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13th, 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>November 26th, 1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Greene</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Bresnahan</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Bergevin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles W. Bergevin, 6401 Lennox Ave., 14.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid Hemorrhage of Brain</u> ANTECEDENT CAUSES <u>Redness of Brain; Fe of ribs; stiffened</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>due to</u> <u>when bonister of porch gave way and she fell to the brick and</u> DUE TO <u>due to</u> <u>passed yard in the rear</u> II. OTHER SIGNIFICANT CONDITIONS <u>at 1435 No 24th St., on Mar 6, 1950 at about 4:40 pm</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>yard</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo 69020</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Mar 6 50 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>21</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:09 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed Ross Deputy Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/16/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAR 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>			

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *John A. Mlinai*

Licensed Embalmer No. *4186*

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.**