S. No. 300
v. 10.48

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35713

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9579

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

1. PLACE OF DEATH
a. COUNTY St Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 45 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Barnard Fr Skin & Ca.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill. b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Alton. 81 [illegible]
d. STREET ADDRESS (If rural, give location) 225 Grand Ave.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Von Bergen c. (Last)

4. DATE OF DEATH (Month) Oct (Day) 28 (Year) 1951

5. SEX M. O

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2

8. DATE OF BIRTH 7-25-1874

9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed.

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Andrew Von Bergen

13b. MOTHER'S MAIDEN NAME Sophia Schlueter.

14. NAME OF ~~HUSBAND~~ OR WIFE Alice Von Bergen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Hospital Record. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of sigmoid with metarases to liver, adrenals, transverse colon, stomach and pelvic lymph nodes.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION Oct 2, 1951

19b. MAJOR FINDINGS OF OPERATION Tumor of sigmoid, metarases in liver

20. AUTOPSY? YES [X] NO [ ]

21a. ~~ACCIDENT~~ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

21b. ~~PLACE OF INJURY~~ (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (~~CITY, TOWN, OR TOWNSHIP~~) (COUNTY) (STATE)

21d. ~~TIME OF INJURY~~ (Month) (Day) (Year) (Hour) m.

21e. ~~INJURY OCCURRED~~ WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. ~~HOW DID INJURY OCCUR?~~ 153 X

22. *I hereby certify that I attended the deceased from* Sept 17, 1951, *to* Oct 28, 1951, *that I last saw the deceased alive on* Oct 28, 1951 *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Andrew H. Veldhuis, M.D.O.

23b. ADDRESS BARNARD FREE SKIN + CANCER HOSP.

23c. DATE SIGNED Oct. 28, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 10-29-51

24c. NAME OF CEMETERY OR CREMATORY Ingersol.

24d. LOCATION (City, town, or county) (State) Madison Co, Ill.

DATE REC'D BY LOCAL REG. OCT 30 1951

REGISTRAR'S SIGNATURE J Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE O Carson Quinn ADDRESS Alton, Ill.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 5796.

P. O. Address Alton Ill.

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.