No. 300
10.48

4000

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14490

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 881

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eureka
c. LENGTH OF STAY (in this place) 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 109

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eureka 4740
d. STREET ADDRESS (If rural, give location) Highway 109

3. NAME OF DECEASED (Type or Print)
a. (First) Christ
b. (Middle) J.
c. (Last) Bergfeld

4. DATE OF DEATH (Month) (Day) (Year) Apr. 12, 1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 8, 1875
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) Office Clerk
10b. KIND OF BUSINESS OR INDUSTRY Isaac Cook & Sons
11. BIRTHPLACE (City and State or Foreign Country) St. Charles Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown Bergfeld
13b. MOTHER'S MAIDEN NAME Bertha Fey
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Charles L. Keeton, Eureka, Mo. 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) CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PROSTATIC HYPERTROPHY — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. RIGHT LOBAR PNEUMONIA + PLEURISY — 10 days

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION 610X
20. AUTOPSY YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
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?

22. *I hereby certify that I attended the deceased from* 3-20, 1940, *to* 4-12, 1954, *that I last saw the deceased alive on* 4-11, 1954, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 2
23b. ADDRESS Box 97 - Eureka, Mo
23c. DATE SIGNED 4-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 4/15/54
24c. NAME OF CEMETERY OR CREMATORY Emmanuel E & R Cem.
24d. LOCATION (City, town, or county) (State) Weldon Springs, Mo.

DATE REC'D BY LOCAL REG. 4/14/54
REGISTRAR'S SIGNATURE Wesley R. Aronke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.