No. 300
10.48

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

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6135

BIRTH NO. _____ REG. DIST. NO: 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1161

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 4140 N. Kingshighway

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): H.
c. (Last): BERGESCH

4. DATE OF DEATH (Month) (Day) (Year): FEB. 1st 1956.

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-4-93
9. AGE (In years last birthday): 62. 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): GUARD
10b. KIND OF BUSINESS OR INDUSTRY: PINKERTON AGENCY.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis-Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: HERMAN H. BERGESCH
13b. MOTHER'S MAIDEN NAME: FRANCES HEISLER
14. NAME OF HUSBAND OR WIFE: Pearl Bergesch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR I.
16. SOCIAL SECURITY NO.: 494-03-7088
17. INFORMANT'S SIGNATURE OR NAME: MRS. VIRGINIA GLASER
ADDRESS: RT. 2, CHESTERFIELD-Mo.

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): UREMIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): BILATERAL ATROPHIC PYELONEPHRITIS
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 600.0
20. AUTOPSY? YES ☐ 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?

22. *I hereby certify that I attended the deceased from* 1/30, 1956, *to* 2/1, 1956, *that I last saw the deceased alive on* 2/1, 1956, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert C. Drews (Degree or title) M.D.
23b. ADDRESS: St. Luke's Hosp. St. Louis, Mo.
23c. DATE SIGNED: 2/1/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL.
24b. DATE: FEB 4-1956.
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE CEMETERY
24d. LOCATION (City, town, or county) (State): St. Louis County. Mo.

DATE REC'D BY LOCAL REG.: FEB 3 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
M.J.B.
(Licensed Embalmer's Statement on Reverse Side)

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Calvin F. Feutz Funeral Home, Inc. 4828 Natural Bridge Blvd.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Ralph C. Linders

Licensed Embalmer No...427.

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.