

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041198

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10041 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 17 1963

VS 300 Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **22 years**  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **5652 West Florissant Ave.** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY  
c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) **5652 West Florissant Ave.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Margarite** Middle **Bergmann** Last  
4. DATE OF DEATH Month **October** Day **9** Year **1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH **12-6-1894** 9. AGE (last birthday) **68 years** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **Homemaker** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **St. Louis Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Boehmer** 13b. MOTHER'S MAIDEN NAME **Mattie Miller** 14. NAME OF HUSBAND OR WIFE **deceased**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 17. INFORMANT Address **5652 West Florissant St. Louis**  
**Mrs. Evelyn Galloway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Carcinomatosis**  
DUE TO (b) **Adenocarcinoma of Colon**  
DUE TO (c) **1538**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
INTERVAL BETWEEN ONSET AND DEATH **1 year**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **July 2, 1962** to **October 9, '63** and last saw her alive on **Sept 16, 1963**.  
Death occurred at **3:40** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Theodore J. Repp, M.D.** 22b. ADDRESS **9311 Dunbar Dr. (37)** 22c. DATE SIGNED **10/9/63** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **10-12-1963** 23c. NAME OF CEMETERY OR CREMATORY **New Bethlehem Cemetery** 23d. LOCATION (City, town, or county) **St. Louis Missouri** (State)

24. FUNERAL DIRECTOR ADDRESS **Math Hermann & Son 2161 East Fair Avenue** 25. DATE RECD. BY LOCAL REG. **OCT 10 1963** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

**St. Louis Missouri** (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius R. Brown*

Licensed Embalmer No.

*5146*

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

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