

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

10652

1. PLACE OF DEATH

County..... Registration District No. 793
Township..... Primary Registration District No. 1-30
City St. Louis Mo. (No. Residence) Asst

File No.....
Registered No. 2723 St. _____ Ward)

2. FULL NAME

Philip W. Bamberger
(a) Residence. No. 1155 Owen Place St. 15 Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 27 - 1893</u>		
7. AGE	YEARS	MONTHS
<u>39</u>	<u>1</u>	<u>22</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Electric Work</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Electrician</u>		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 - 1932

17. I HEREBY CERTIFY that I attended the deceased from March 15, 1932, at 1155 Owen Place, St. Louis, Mo., and that I last saw him alive on March 15, 1932, and that death occurred, on the date stated above, at 10:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Granular
of Bladder, Rectum
and Spleen. Primary seat unknown
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 51B 46D
(duration) 51B yrs. 53D mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH NO DATE OF.....
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Section
(Signed) M. E. Security, M. D.
3/20, 1932 (Address) Collins Ave
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER Hugo Bamberger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis Mo.

12. MAIDEN NAME OF MOTHER Anna Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT Bertha Bamberger
(Address) 1155 Owen Place

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Park Cem. **DATE OF BURIAL** 3/23 - 1932

15. FILED APR 21 1932 W. E. Stanley
REGISTRAR

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee St.
ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE (PAPER), WITH IMPAGING INK—THIS IS A PERMANENT RECORD

