

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.

16

REC'D JUN 8 1939

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

19850
Do not use this space.

1. PLACE OF DEATH

(a) County H. Louis Registration District No. 784
 (b) Township Grandlet Primary Registration District No. 200 Registered No. 1003
 (c) City West, Mo. or St. Louis
 (d) Street No. Koch Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 652 John Bangerter (B. BANGESSER) St. 728 South Second (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1869

7. AGE YEARS 69 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith + Plasterer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) H. Louis Missouri

FATHER 13. NAME Fredrick Bangerter 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German

MOTHER 15. MAIDEN NAME Annie Bobbler 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Koch Hospital Koch Mo

18. BURIAL, CREMATION OR REMOVAL PLACE New St. Marcus DATE June 3 1939

19. FUNERAL DIRECTOR (NAME AND ADDRESS) PAIS UNDERTAKING CO. 4468 Madison St. St. Louis Mo.

20. FILED JUN 8 1939 D.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939 to June 1 1939
 I first saw him alive on June 1 1939. Death is said to have occurred on the date stated above, at 1:05 P.M.
 The principal cause of death and related causes of importance were as follows:
Septicemic Infection of the left hip
Pulmonary TB
 Date of onset May 19 1939

Other contributory causes of importance: ?

Name of operation Pinning of fractured Hip Date of Jan 1938
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, outside or homicide? _____ Date of injury Jan 1938
 Where did injury occur? St Louis Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public street

Manner of injury Fall
 Nature of injury Fracture of Left femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) R. G. Fulmer M. D.
 (Address) Koch Hospital

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Philip A. Craig

Licensed Embalmer No. *3281*

P. O. Address *4418 Washington*

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, above space should be left blank.