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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22667

Registration District No. 784 (Dr Burnett)

Primary Registration District No. 106

Registrar's No. 1223

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 120 W. Jefferson Ave/
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 120 W. Jefferson Ave 3
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Victoria Bamberger

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Thomas Bamberger

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: December (Month) 25 (Day) 1864 (Year)

8. AGE: Years 76 Months 5 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) ____ (State or foreign country) Germany

10. Usual occupation: Nil

11. Industry or business: ____

MOTHER FATHER

12. Name: Tomisky

13. Birthplace: (City, town, or county) ____ (State or foreign country) Germany

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Joseph Bamberger

(b) Address: 120 W. Jefferson Kirkwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/12/41 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Mathews Cem.

18. (a) Signature of funeral director: Louis H Bopp Jr

(b) Address: 131 W Argonne Dr Kirkwood, Mo.

19. (a) JUN 11 1941 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from January 1 1936 to June 9 1941 that last saw he/she alive on June 9 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Coma	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ____

(b) Date of occurrence: ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)

While at work? ____ (e) Means of injury: ____

21. Signature: C E Barnett (M. D. or other) D

Address: 243 W Jefferson Kirkwood Date signed 6-10-41

(Licensed Embalmer's Statement on Reverse Side)

2mo

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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

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