

S. No. 2  
M-2-43  
v. 5-17-39  
P. 1 X33897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28382

FILED AUG 27 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1751

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Normandy - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8653 Natural Bridge Rd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Normandy - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8653 Natural Bridge Rd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Otto Fred Von Bargaen

3. (b) If veteran, name war None

3. (c) Social Security No. 489-05-4024

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Selma  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased March 11 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 10 hr. min.

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

10. Usual occupation Operated Stamping Machine

11. Industry or business Rawling Sporting Goods

MOTHER FATHER { 12. Name Gustave Von Bargaen  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Vondreider  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Selma Von Bargaen  
(b) Address 8653 Natural Bridge

17. (a) Burial (b) Date thereof 8/24/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Provest Und. Co  
(b) Address 3710 N. Grand Blvd.

19. (a) 8-22-46 (b) Wm. G. Gorman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21  
year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from May 5 1946 to 8-21- 1946  
that I last saw him alive on 8-21-46 and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tuberculosis

Due to 136

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature George Tracend (M. D. or other) \_\_\_\_\_  
Address 6121 Eastwood Dr. Date signed 8-22-46

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

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

27220

MAR 24 1947

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 Evel E. Pruitt

Licensed Embalmer No. 1578

P. O. Address St. Louis

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, fact should be so stated above.