

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038470

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2674

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> <u>4000</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>269 Roderick Dr.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital.</u>		Length of stay in 1b <u>4 days.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Henry John Bargmann</u>			4. DATE OF DEATH Month Day Year <u>October 16 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 2, 1877.</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Henry Bargmann</u>	
14. MOTHER'S MAIDEN NAME <u>Betty</u>		15. NAME OF HUSBAND OR WIFE <u>Emma Bargmann</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. SOCIAL SECURITY NO. <u>UNK.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Medullary Failure</u> DUE TO (c) <u>Cerebral Arteriosclerosis 334X</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>5 min.</u> <u>—</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <u>Sept. 1957</u> , to <u>Oct 16, 1958</u> and last saw ^{her} alive on <u>10/16/58</u> Death occurred at <u>12:00 Noon</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marion Geyer M.D.</u> (Degree or title)		22b. ADDRESS <u>5507 Pershing</u>	
22c. DATE SIGNED <u>10/16/58</u>		23. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>10/20/58</u>	
23c. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		24. FUNERAL DIRECTOR <u>Drehmann-Harral, 1905 Union Blvd.</u>	
24. ADDRESS <u>10-17-58</u>		25. DATE RECD. BY LOCAL REG. <u>10-17-58</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Albert R. Thompson*

Licensed Embalmer No. *4237*

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

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