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.

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

Do not use this space.

10946

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1003 Registered No. 2770

City St Louis (No. Bethesda Hosp. St. ..... Ward)

2. FULL NAME Mary Ann Bangert

(a) Residence. No. 9419 Emerson Ave. St., 18 Ward. St Louis Co. Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	3	6	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Louis G. Bangert

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

12. MAIDEN NAME OF MOTHER Mary A. Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Louis G. Bangert
(Address) 9419 Emerson Ave.

15. FILED MAR 12 1928, 19..... Max C. Starkoff
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1928, to Mar 10, 1928, that I last saw h. alive on Mar 10, 1928, and that death occurred, on the date stated above, at 10.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Appendicitis
121B
129 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute Peritonitis
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John Zahorsky, M. D.
Mar 11, 1928 (Address) 5316 N. Taylor

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery — DATE OF BURIAL 3-11 1928

20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton Ave

536 [illegible]

12.30 to 2 7 to 8