

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

Do not use this space.

43254

File No. _____
Registered No. 12561
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. 5270 Wren ave)

2. FULL NAME

Blanca Bengros
(a) Residence No. 5270 Wren ave St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Bengros</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1853</u>		
7. AGE YEARS <u>about 75</u>	MONTHS <u>unknown</u>	DAYS <u>or</u>
IF LESS than 1 day, _____ hrs. _____ min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bohemia

10. NAME OF FATHER Andersen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER Andersen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Michael Bengros
(Address) 5270 Wren ave

15. FILED DEC 24 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 21 1928 to Dec 24 1928 that I last saw her alive on Dec 21 1928 and that death occurred, on the date stated above, at 10:45 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Edema of lungs
131

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF OPERATION _____
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Channing M. D.
12/22 1928 (Address) 7844 Oud

*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 Calvary Cemetery DATE OF BURIAL Dec 24 1928

20. UNDERTAKER Rev. B. Moydell ADDRESS 1926 Allen

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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