

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

Do not use this space.

27261

1. PLACE OF DEATH
96 County St. Louis Registration District No. 289
Township Central Primary Registration District No. 2033B
City St. Louis (No. 1407) Le Roy Ward. _____
2. FULL NAME Fred M. Bangert
(a) Residence, No. 1407 Le Roy St., _____ Ward. _____
(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.

File No. _____
Registered No. 220 St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Bangert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 11 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 101
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill. 2
13. NAME Fred C. Bangert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Illinois
15. MAIDEN NAME Schrieber 31
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Engene Bangert
(ADDRESS) 1407 Le Roy
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Sept. 1, 1932
19. UNDERTAKER (ADDRESS) Chas. J. Stewart
1225 Union St.
20. FILED 8-6- 1932 John Gray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1932 to Aug 5, 1932
I last saw him alive on Aug 5, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
Cystitis
Prostatitis
Other contributory causes of importance:
Cystitis
Prostatitis
Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Albert Wall, M. D.
(Address) 5601A St. Louis

Date of onset not known

WRITE PLAINLY, 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.

SEP 27 1932

FORM RESERVED FOR BINDING

