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.

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

Do not use this space.

21085

File No. 4834

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City ..... (No. Deaconess Hospital St. ..... Ward)

2. FULL NAME Geo. Bambei

(a) Residence, No. 5882 Cabanne St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-24-1874

7. AGE: YEARS 59 MONTHS 0 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Federal Reserve

10. Date deceased last worked at this occupation (month and year): May 15/33

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Evensville Ind

FATHER

13. NAME: Geo. Bambei

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Rotscheal Seppig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): John H. Wishman 859 Goodfellow

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE June 3 1933

19. UNDERTAKER (ADDRESS): Alexander & Sons 6175 Delmar

20. FILED JUN -2 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to June 1, 1933

I last saw him alive on June 1, 1933. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Prostatic abscess — Date of onset 12 yrs. ago

137
788
36
137

Other contributory causes of importance:
B. coli septicemia
Encephalosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical exam. & lab. work 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? No

If so, specify .....

(Signed) Claude D. Pinkwell, M. D.

(Address) 653 Century Bldg.

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9
10

Dr Parks & Pickrell
87 Hamilton
CO 2327

Dr. Claude D. Pickrell.
Century Bld. Jan. 1876
11th Tell 1 PM