

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

Do not use this space.

AUG 9 1935

24368

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis** (No. **O'Fallon St. Lake**)..... St. Ward)

File No.
Registered No. **5736**
St. Ward)

2. FULL NAME *Peter Bengard*

(a) Residence, No. *5411 Beadon Ave.* Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 25 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stone mason*

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

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) *Germany*

13. NAME *Peter Bengard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greece*

15. MAIDEN NAME *Not known*

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

17. INFORMANT (ADDRESS) *Geo Bengard*

18. BURIAL, CREMATION OR REMOVAL PLACE *St. John's* DATE *July 4 1935*

19. UNDERTAKER (ADDRESS) *Wm Lidner & Co.*

20. FILED **JUL -3 1935**

J. Bredeck

Registrar.

No medical certificate of death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 2 1935*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *7:21 a.m.*

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

Apoplexy due to Date of onset

Medicine

Other contributory causes of importance: *166*

.....

.....

.....

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *No*

28. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *None* Date of injury *11/28 1926*

Where did injury occur? *St. Louis Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public place*

Manner of injury *Apoplexy*

Nature of injury *Apoplexy*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. Bredeck* M. D.

(Address) *St. Louis*

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.

100-11-20-35

1-3623 : 22 0. 1 1