

SEP 16 1935

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

Do not use this space.

791

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File No. 6606

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 274, Allen Cr. St. Ward)

2. FULL NAME

Elise Bargmann
(a) Residence, No. 3741 Allen Cr. 23 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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lawrenz Bargmann</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 9 1885</u> | | |
| 7. AGE | YEARS <u>82</u> | MONTHS <u>8</u> |
| | | DAYS <u>22</u> |
| | If LESS than 1 day, hrs. or min. | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | 11. Total time (years) spent in this occupation |
| | 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) | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME John Bamberger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Christina Schupp16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Katherine E. Bargmann
3741 Allen Cr.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 8/2/3519. UNDERTAKER D. C. Moydell
(ADDRESS) 2526 Allen Cr.
HUB - 2133320. FILED J. Bredeck 19 1935
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 193522. I HEREBY CERTIFY, That I attended deceased from July - 25, 1935, to Aug 1, 1935I last saw her alive on Aug 1, 1935. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

Chronic myocarditisDate of onset
See not fresh

Other contributory causes of importance:

Hypertension 930Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no23. 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? noIf so, specify.....
(Signed) James M. Hansen, M. D.
(Address) 2025 S. Jefferson

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.

