

JUN 12 1937

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

Do not use this space.

18060

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. _____
City **St. Louis, Mo.** (No. **2741 Allen Ave., 1003**)

File No. _____
Registered No. **4636**
St. _____ Ward _____

2. FULL NAME **Lorenz Bargmann**

(a) Residence, No. **2741 Allen Ave.**, St. **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 **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 **Elise Bargmann**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 7, 1848**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Safe Mfg.**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Retired 25 years**
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 **Lorenz Bargmann**

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

15. MAIDEN NAME **Anna Dahmann**

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

17. INFORMANT **Katherine Bargmann**
(ADDRESS) **2741 Allen Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews Cem.** DATE **5/6/37**

19. UNDERTAKER **Wm. B. Moydell**
(ADDRESS) **1926 Allen Ave.**

20. DATE **MAY 6 1937** Registrar **J. T. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 1, 1937, to May 4, 1937**
I last saw him alive on **May 4, 1937**. Death is said to have occurred on the date stated above, at **2:00 p.m.**
The principal cause of death and related causes of importance were as follows:

chronic myocarditis Date of onset _____
Other contributory causes of importance: **old age**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) **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.

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