

FEB 12 1938

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

581
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1002**
 (c) City **ST. LOUIS MO.** (d) Street No. **2025 DE SOTA** St. _____
 (e) Length of residence in city or town where death occurred **55** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **JACOB BAMERT 568** St. **9**
2025 DE SOTA AVE (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) **REGINA BAMERT**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **NOV. 15 = 1861.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **RETIRED**
 9. Industry or business in which work was done, as saw mill, bank, etc. **MACHINIST**
 10. Date deceased last worked at this occupation (month and year) **1929** 11. Total time (years) spent in this occupation **40 YRS**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SWITZERLAND**

FATHER 13. NAME **DONT KNOW**

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

MOTHER 15. MAIDEN NAME **DONT KNOW**

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

17. INFORMANT (ADDRESS) **Mr. Joseph Bamert 1418 Bayshore St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **S.S. PETER-PAUL** DATE **JAN 14TH 1938**

19. FUNERAL DIRECTOR (ADDRESS) **BROCKLAND UND. CO 1827 HOGAN STR.**

20. FILE **JAN 13 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 11TH 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 29** 19**37** to **Jan. 11** 19**38**
 I last saw him alive on **Jan. 11** 19**38** 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 Myocarditis Date of onset **6 mo. ago**
Other contributory causes of importance: Uterus - Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Physical** 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 **Water J. Mulligan**, M. D.
 (Signed) _____ (Address) **3825 N. 70th**

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.

STATEMENT BY LICENSED EMBALMER -

I, John B. Brockland, Licensed Embalmer No. 93

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John B. Brockland

Licensed Embalmer No. 93

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)