

NOV 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

33771  
Do not use this space.

1. PLACE OF DEATH

(a) County \_\_\_\_\_ Registration District No. **1003**  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. **8757**  
 (c) City **St. Louis, Mo.** (d) Street No. **Missouri Baptist Hospital** St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

<sup>546</sup> **Henrietta Bangert,**

(a) Residence, No. **2526 West Hebert Street.** St. **20** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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 **William Bangert,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 30th, 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 1 6**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as 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) **St. Louis, Mo.**

FATHER 13. NAME **William Funke,**

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

MOTHER 15. MAIDEN NAME **Annie Dettmer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Mr. William Bangert, 2526 West Hebert Street.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem** DATE **Oct. 8th 38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Laidner Undertalin 1417 N. Market Street**

20. FILED **OCT 7 1938** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 6, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 5<sup>th</sup>**, 1938, to **Oct 6**, 1938

I last saw her alive on **Oct 6**, 1938. Death is said to have occurred on the date stated above, at **1:15 A.M.**

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

**Operation for relief of strangulated hernia. Shock.** Date of onset **122 a**

Other contributory causes of importance:

**myocarditis, chronic**

Name of operation **relief for strangulation** Date of **Oct 5**

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? **no**

It is specified (Signed) **E. H. Killeen** M. D. (Address) **3121 N. Grand Blvd.**

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.

Reuben 3121 M. Grand

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St Louis Ave

**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.)**

**If this body is not embalmed, above space should be left blank.**