

Form No. 2
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10517
Registrar's No. 2318

Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or town:
4962a Lindenwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Frank J. Bammert Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Helen

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sep't. 26 1907
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Auto Mechanic

11. Industry or business St. Louis Public Service

12. Name Frank J. Bammert Sr.

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Warning

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank J. Bammert Sr.

(b) Address 2122 Cherokee St.

17. (a) Cremation (b) Date thereof 3 8 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshausner Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 6 1947 (b) J. F. Trudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4962a Lindenwood
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1947 hour 11:07 minute 24 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage due to gunshot wound of right temple self-inflicted
bullet from home about 12:56 p.m. March 1947

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Co. _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence March 5 1947

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ Means of injury gun

23. Patriek E Taylor (M.D. or other) 36-47
Address 1300 Clark Date signed _____

14
17
9
2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Edwin M. Germain

Licensed Embalmer No..... *3024*

P. O. Address.....

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, fact should be so stated above.