

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 2631 Felix St.) St. Ward

File No. 35314
Registered No. LEV
St. Ward

2. FULL NAME

Louise Henrietta Bansbach

(a) Residence, No. 2631 Felix St. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 73 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Franz Bansbach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1846</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>4</u>
		DAYS
		<u>27</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>At Home.</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year)..... <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weis Baden, Germany.</u>

FATHER	13. NAME <u>Wolrath Floerke</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover, Germany.</u>

MOTHER	15. MAIDEN NAME <u>Eleanor Hennes</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover, Germany.</u>

17. INFORMANT " (ADDRESS) <u>Dr. J. J. Bansbach</u> <u>2631 Felix St.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Mora Cemetery</u> DATE <u>Nov. 2, 1934.</u>

19. UNDERTAKER (ADDRESS) <u>Walter Meierhofer</u> <u>1302 Faraon St. St. Joseph, MO.</u>
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20. FILED <u>11-1-34</u> 19 <u>John R. Bender</u> Registrar

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1934 193422. I HEREBY CERTIFY, That I attended deceased from July 10, 1934, to Oct 31, 1934I last saw h. ET alive on Oct 31, 1934. Death is said to have occurred on the date stated above, at 7.30 m. A. M.

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

Coronary Occlusion
Arterio Sclerosis
HTA
BB 9 4 6
at
Other contributory causes of importance:
Cerebral Thrombosis

Date of onset

Name of operation none Date of What test confirmed diagnosis? clinical 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? noIf so, specify J. J. Bansbach, M. D.(Signed) J. J. Bansbach, M. D.(Address) 625 1/2 Frederick Ave. St. Joseph, Mo.

