

REC'D DEC 12 1938

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

37466
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003 Registered No. 9793
 (c) City St. Louis (d) Street No. 3652 Cleveland Ave. 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 Minerva Cecelia Bange

(a) Residence, No. 3652 Cleveland Ave St. 17 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Bange

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hr. ormin.
69 4 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Cuba
 (STATE OR COUNTRY) Missouri

13. NAME Harold Arnold

14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

15. MAIDEN NAME ----- Russell

16. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Joseph Ramp
 (ADDRESS) 3652 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cm. DATE 11/14/38

19. FUNERAL DIRECTOR (NAME) Weick Bros. Und. Co
 (ADDRESS) 2201 S. Grand Bl

20. FILED NOV 12 1938 J. F. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1938, to Nov 10, 1938
 I last saw h. or alive on Nov. 9, 1938 Death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thromboses
Chronic Myocarditis
 Date of onset

Other contributory causes of importance: Pericarditis Pericardial Effusion

Name of operation Radical Aneurysmectomy Date of 10/20/38

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) [Signature] M. D.
 (Address) [Address]

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.

*Mr. Stewart
412 Duchouquette St.
St. Louis, Mo.*

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.....

Nancy A. Stewart

Licensed Embalmer No. 3722.....

P. O. Address 412 Duchouquette St.

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.