

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8513

PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(c) Name of hospital or institution: Alexian Bros. Hosp.
(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. Richard C. Banse

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife. Margaret Banse 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 8 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Canvas covers

11. Industry or business Ryan Mfg. Co.

12. Name Unknown Banse

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Banse

(b) Address 3807 McDonald Av.

17. (a) Burial (b) Date thereof 10-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcellus

18. (a) Signature of funeral director Will Bro. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 16 1940 (b) J. B. Bach
(Date received local registrar) (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. 63807 McDonald Av.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 25 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1940 hour 7 minute 30p. M.

21. I hereby certify that I attended the deceased from 10/5, 1940, to 10/13, 1940;
that I last saw him alive on 7 P.M. 10/13, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Status asthmaticus
(allergic?)
Due to bronchiectasis 4/40+
chronic myocarditis 4/40+

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

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature W. Banse (M. D. or other) _____
Address 3624 Arsenal St. Date signed 10/14/40

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

Paul A. Shanklin

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No.

3472

P. O. Address

2999 S. 1st St.
J.H.

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

If this body is not embalmed, fact should be so stated above.