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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8241

Registrar's No. 2728

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 4 000 17 9

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

(d) Street No. 1077 McCausland Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas George Banger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 24 (Day) 1939 (Year)

8. AGE: Years 3 Months 2 Days 1 If less than one day hr. min.

9. Birthplace Saint Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name George Banger
13. Birthplace LaPorte City (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name Thomza Fulenwider
15. Birthplace Burfordsville (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant George Banger
(b) Address 1077 McCausland Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Jackson, Missouri

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Crayton Road at Concordia Lane

19. (a) MAR 26 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 11, 1942, to March 25, 1942;
that I last saw him alive on March 25th, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis	
Due to: Primary	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 1	
Major findings: Of operations	
Of autopsy: Pleural oedema	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Elsworth Neal (M. D. or other) 0
Address Missouri Theatre Building Date signed

(Licensed Embalmer's Statement on Reverse Side) Ellsworth Neal

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

Van Sigemond, Registered Apprentice No. 296,

working under my personal supervision.

Signed Edward L. Bockhorst

Licensed Embalmer No. 2502

P. O. Address Saint Louis

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.