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1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35612  
Registrar's No. 2423

FILED NOV 6 1943  
Registration District No. 317

Primary Registration District No. 3069

96  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
# 12 Hanley Downs  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth Bangert

3. (b) If veteran, name was None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William N. Bangert

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

7. Birth date of deceased: July 27th 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83	3	2	hr. min.
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9. Birthplace: St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name August Heinz

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 Mrs. Frances Dreibus

(b) Address # 12 Hanley Downs

17. (a) Burial (b) Date thereof 11-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 1 1943 (b) E. G. McFarlan, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. # 12 Hanley Downs  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29th  
year 1943 hour 4 minute A.M. M.

21. I hereby certify that I attended the deceased from April 3, 1943 to October 29, 1943,  
that I last saw her alive on October 28, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral softening Duration several months

Due to Cerebral vascular atheromatous changes with thromboses several years.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN J. J. C.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Wm. Nelson (M. D. or other) \_\_\_\_\_  
Address 5449 Delmar Boulevard Date signed Dec 29/43

707

5449 Belmar 3-5  
\$0.7165-

**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: *Elmer D. McDermott*

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.**