

FILED NOV 27 1943

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No.

39053

Registration District No. 317

Primary Registration District No. 3068

Registrar's No.

2563

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Maplewood  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
7511 Picadilly Ave.  
 (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 Louis W. Bante

3. (b) If veteran, name war no 3. (c) Social Security No. NONE

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Bante 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 15 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 6 2 hr. min.

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

10. Usual occupation Dry Goods Merchant

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

12. Name Louis Bante

13. Birthplace Germany  
 (State or foreign country)

14. Maiden name Scharlott Velke  
 (State or foreign country)

15. Birthplace Germany  
 (State or foreign country)

16. (a) Informant Bernice Paulismeyer  
 (b) Address 7511 Picadilly Ave.

17. (a) burial (b) Date thereof Nov. 20 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery

18. (a) Signature of funeral director Jay B. Smith  
 (b) Address 7456 Manchester Ave.

19. (a) NOV 20 1943 (b) E. G. McHarran, M.D.  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Maplewood  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7511 Picadilly Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 17  
 year 1943 hour 10:40 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 15 1943 to Nov 17 1943  
 that I last saw him alive on Nov 17 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Myocarditis Duration 1 yr.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Varicose Veins in legs  
 (Include pregnancy within 5 months of death)

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

Of autopsy \_\_\_\_\_ 93d

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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
 Address 3500 Cambridge Date signed 11/18/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 26 1944

1-2  
7-8

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 3454

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.