

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 155386

FILED NOV 13 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2266

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Jennings  
(c) Name of hospital or institution: 2520 McClaren AV  
The Elms Convalescent Home St. Louis  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Mary Bange

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

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

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

7. Birth date of deceased. November 15 Th 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>64</u>	<u>----</u>	<u>11</u>	<u>- 22</u>	hr. _____ min.

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

10. Usual occupation Housework

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

12. Name Joseph A. Bange Sr

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

14. Maiden name Amelia Rawe

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

18. (a) Informant's own signature Joseph Bange

(b) Address 1918 Garden Str 1944

17. (a) Burial (b) Date thereof Nov 9 Th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N 14 th Str

19. (a) NOV 8 1944 (b) E. H. McDevine M.D.  
(Date of issue) (Local registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis Co  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1918 Garden Str  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1944 hour 9 minutes 30 A.M.

21. I hereby certify that I attended the deceased from 3-17  
1944 to 11-6, 1944  
that I last saw her alive on Nov 5, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral hemorrhage</u>	<u>30 minutes</u>
Due to <u>Hypertension</u>	<u>5 yrs?</u>
Due to <u>Arteriosclerosis</u>	<u>10 yrs?</u>
Other conditions <u>chronic arthritis</u>	<u>10 yrs?</u>
(Include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN _____ Underline the cause to which death should be charged statistically.
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) (e) Means of injury \_\_\_\_\_  
23. Signature Bessene L Arnold (M. D. or other) MD  
Address 1449 Mc Laran Date signed \_\_\_\_\_

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

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.

Rev. 5-17-39 1 X15511

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**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

*Ronald Yahrke*  
.....  
Licensed Embalmer No. *3917*  
.....

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, above space should be left blank.**