S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 53

FILED JAN 25 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 542

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4915 Mardel Ave. /
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4915 Mardel Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH A. BANGALO (BANKER)
3. (b) If veteran, name war
3. (c) Social Security No. 500-26-6511

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edna Bangalo (Banker)
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 18 1902 (Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 27 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Plumber
11. Industry or business Kennedy Heating

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Edna Bangalo (Banker)
(b) Address 4915 Mardel Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director SULLIVAN BRO'S
(b) Address 2849 N. Euclid Ave.
19. (a) JAN 17 1946 (Date received local registrar) (b) J. F. Medlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1946 hour 3:10 A.M. minute M.

21. I hereby certify that I attended the deceased from Nov. 28, 1945, 19, to Jan. 13, 1946, 19; that I last saw him alive on Jan. 13, 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Adenocardinoma of bronchus, left — Duration
Due to
Due to
Other conditions Secondary neoplasm of cerebellum
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 H R Bradley (M. D. or other)
Address Barnes Hospital Date signed 1/17/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robt. Payne
Barnes Hosp.
10th Ram University Club Bldg

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 Robert L Brinkman

Licensed Embalmer No. 3553

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.