

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21973

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 104

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Josephs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years
years, months or days

3. (a) PRINT FULL NAME Johannette Karoline Elizabeth Bangert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 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 3 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 11 hr. min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Frederick Bangert

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

14. Maiden name Elizabeth Lix

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

16. (a) Informant Mrs. Lena Buehite

(b) Address Ferguson, Missouri

17. (a) Burial (b) Date thereof 6/16/47
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation St. Peters Co., Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 6/20/47 (b) Frank H. Hanel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 125 N. Florissant Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from 30 Sept
1946 to 14 June 19 47
that I last saw her alive on 13 June 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
Fractured femur
cardiac failure
Due to arteriosclerotic heart disease

Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 6/18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 5 June 47
(c) Where did injury occur? city
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

While at work? No (Specify type of place)
(e) Means of injury Fell in bathroom

23. Signature H. E. Henge (M. D. or other) MD
Address Pattonville Date signed 14 June 47

(Licensed Embalmers' Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 26 1947

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.....

L. S. White

Licensed Embalmer No. *2973*

P. O. Address.....

Ferguson, Mo.

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.