

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11195**
2245

FILED MAR 18 1953

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 24 3509 MISSOURI 0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) MILLIE	b. (Middle) BANGE	c. (Last)	February 26, 1953		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 2, 1887	9. AGE (In years last birthday) 65	10. MONTHS 6	11. DAYS 5	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEANING WOMAN	10b. KIND OF BUSINESS OR INDUSTRY LOUDERMAN BLDG.	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ANTON DAGNE	13b. MOTHER'S MAIDEN NAME ELIZABETH BAUMBAETNER	14. NAME OF HUSBAND OR WIFE EDGAR BANGE (DEC'D)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE 494-05-2319	17. INFORMANT'S SIGNATURE OR NAME JOHN DAGNE	ADDRESS 821 ALLEN
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction and uremia due to arteriosclerosis ANTECEDENT CAUSES due to (b) nephrosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 446X
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22. I hereby certify that I attended the deceased from **February 11, 1953**, to **February 26, 1953**, that I last saw the deceased alive on **February 26, 1953**, and that death occurred at **10:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) McLoren L. Jew, M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR. 2 1953	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CH	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. FEB 27 1953	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer.

Signed

Leo J. Budde
Licensed Embalmer No. *3989*

P. O. Address *St. Louis 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.