

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035175

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2395

AMENDED

FILED SEP 19 1961

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lemay</u> | Length of stay in 1b <u>WKS.</u> | c. CITY OR TOWN <u>St. Louis,</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mt. St. Rose Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>4232 Iowa Ave.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Jacob</u> Middle <u>J.</u> Last <u>Bangert</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>24,</u> Year <u>1961.</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/27/1879</u> |
| 9. AGE (last birthday) <u>81</u> | | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman - Anheuser-Busch Inc.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 13 yrs.</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Jacob Bangert</u> | | 13b. MOTHER'S MAIDEN NAME <u>Caroline Martin</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Julia Bangert</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Julia Bangert 4232 Iowa Ave.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>GENERALIZED CARCINOMATOSIS</u> DUE TO (b) <u>POLYPOID CARCINOMA DESCENDING COLON</u> DUE TO (c) <u>153.2</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 MON</u> <u>?</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE + HEMIPARESIS</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from <u>JULY 1, 1961</u> to <u>AUGUST 24, 1961</u> and last saw him alive on <u>AUG 24, 1961</u> Death occurred at <u>4:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. William Burmeister M.D.</u> | | 22b. ADDRESS <u>634 N. Grand</u> | 22c. DATE SIGNED <u>8/25/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>Aug. 28, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> ADDRESS <u>2842 Meramec St. St. Louis, 18, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-25-61</u> | 26. REGISTRAR'S SIGNATURE <u>John E. M... M.D.</u> |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 _____
Signature of Student Embalmer

Signed Carl M. Sezemore

Licensed Embalmer No. 4343

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.