

NOV 28 1942
Registration District No. **310**

Primary Registration District No. **6051**

Registrar's No. **406**

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

1. PLACE OF DEATH:
 (a) County ST. CHARLES
 (b) City or town RURAL - ST. CHARLES TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RR2 - ST. CHARLES
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County ST. CHARLES
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. ST. CHARLES TOWNSHIP
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MRS. BERTHA BANZE
 3. (b) If veteran, name war _____
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month OCTOBER day 22
 year 1942 hour 8 minute 45 P. M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife LOUIS BANZE
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased NOVEMBER 13 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st 1942 to Oct 22nd 1942
 that I last saw her alive on Oct 22nd 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 11 9 hr. min.

Immediate cause of death Broken compensation
 Due to Gen Arterio Sclerosis
 Duration 1 year

9. Birthplace ST. CHARLES COUNTY MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

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

MOTHER FATHER
 11. Industry or business _____
 12. Name FRED OELKLAUS
 13. Birthplace ST. CHARLES COUNTY MO.
(City, town, or county) (State or foreign country)
 14. Maiden name SOPHIA WALLEN BROCK
 15. Birthplace ST. CHARLES COUNTY MO.
(City, town, or county) (State or foreign country)

Major findings: 97
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Alfred Banze
 (b) Address ST. CHARLES, MO
 17. (a) BURIAL (b) Date thereof OCTOBER 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation FRIEDENS CEMETERY
 18. (a) Signature of funeral director Hellmann-Bauer
 (b) Address 356 N 6th St - St Charles MO
 19. (a) 10-24-42 (b) Clarence G. Uessler
(Date received local registrar) (Registrar's signature)

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? _____ Means of injury _____
 23. Signature Dr. Eric Schuf (Date signed 10/22/42)
 Address St. Charles, Mo

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.....

Arthur C. Paul

Licensed Embalmer No. *3155*

P. O. Address. *St. Charles 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.