

No. 2  
A-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4109  
Registrar's No. 8

FILED FEB 19 1944

Registration District No. \_\_\_\_\_ Primary Registration District No. 6057

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:  
R.R. 2 - St. Charles, Mo.  
(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. R.R. 2 St. Charles  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis Banze  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 5  
year 1944 hour 5 minute - A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Bertha Oelklaus  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 16, 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 16, 1943 to Jan 5, 1944  
that I last saw him alive on Jan 3, 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
74 8 19 hr. min.

Due to Broken Compensation  
Due to Gen Arterio sclerosis.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Charles County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Fred W. Banze  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

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 Jan. 7, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Friedens Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Hedlman-Bauer  
(b) Address 326 N 6th St. St. Charles Mo  
19. (a) Jan 7, 1944 (b) Carroll C. Paul  
(Date received from registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature A. P. Smith  
Address St. Charles Mo Date signed 1/5/44

---

---

**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. Shaw.....

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.**