S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35633

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10389

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2053 Ann Ave.
(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
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2053 Ann Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George A. Bansbach

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Catherine Bansbach

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 10, 1871 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 21 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Geo. Bansbach
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Hildegard H. Bansbach
(b) Address 2053 Ann Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation OldnSS. Peter & Paul

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) (Date received local registrar) DEC 5 1944 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1 year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 15, 1944 to Dec 1, 1944 that I last saw him alive on Nov 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis

Due to

Due to 97

Other conditions Senility (age 73)
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (e) Means of injury

23. Signature F. G. Pennaud (M. D. or other) MD
Address 3115 So Grand Date signed 12/4/44

(Licensed Embalmer's Statement on Reverse Side)

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 Harry A. Clement

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.