

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

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31523

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8095**

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 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4225 Margaretta Ave. (15)		d. STREET ADDRESS (If rural, give location) 10 4225 Margaretta Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Agnes	c. (Last) Bange	4. DATE OF DEATH (Month) (Day) (Year) Sept. 24 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 2	8. DATE OF BIRTH 1869 Dec. 4, 1868	9. AGE (In years last birthday) 81 80	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown Laughlin	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John H Bange.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Walter H. Bange	ADDRESS 4225 Margaretta Ave.
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18. CAUSE OF DEATH Enter only one cause per line (or (a), (b), and (c)) 3 <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Chronic
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocarditis DUE TO (c) arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from **9-21-1950** to **9-23-1950**, that I last saw the deceased alive on **9-23-1950**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Lamsche	(Degree or title) M.D.	23b. ADDRESS 4885 Natural Bridge	23c. DATE SIGNED 9-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. SEP 25 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Street - Carroll 4600 Nat'l Bridge
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 4366

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 3152350

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8095

On this 25th day of October, 1950, before me appears
Mr. Ray Stroot, who, upon his oath, states that the original record of ~~birth~~ death
for Mary Agnes Bange died Sept. 24, 1950, 19....., in the State of
Missouri, and which was filed at St. Louis, Mo. on Sept. 27, 19 50, should be corrected as follows:

Item No. 8 should read Dec. 4, 1869
Instead of Dec. 4, 1868

Item No. 9 should read 80
Instead of 81

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Raymond G. Stroot Municipal
Director
Relationship.

4600 Nat'l. Bridge
Present Address.

Subscribed and sworn to before me this 25 day of Oct, 1950

My Commission expires 3-4-53 Geo. J. Dubler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.