

FILED DEC 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43210

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION 38 DE SOTO RD.		d. STREET ADDRESS (If rural, give location) 38 DE SOTO RD.	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) SILVESTER c. (Last) BANGERT			4. DATE OF DEATH (Month) (Day) (Year) DEC. 10. 1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH APRIL 9. 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR: Months 8 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. RAIL ROADER		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) BONNE TERRE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN BANGERT	13b. MOTHER'S MAIDEN NAME ELIZABETH ARMORSTER	14. NAME OF HUSBAND OR WIFE EFFIE M. BANGERT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. 490-03-7105	17. INFORMANT'S SIGNATURE OR NAME EFFIE M. BANGERT ADDRESS BONNE TERRE MO

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease, hypertension and aortic...		4 years
	DUE TO (c) _____		
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 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan. 1949** to **Dec. 10, 1952**, that I last saw the deceased alive on **Dec. 10, 1952**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin J. Haw J. M.D.	23b. ADDRESS Bonne Terre, Mo	23c. DATE SIGNED 12-2-52
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE Dec. 13. 1952	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO
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DATE REC'D BY LOCAL REG. Dec. 13, 1952	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Herbert J. Pille ADDRESS Bonne Terre Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D
8/11/51

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
Student Embalmer

Signed Clarence J. Hayward

Licensed Embalmer No. 3706

P. O. Address Barren, Tenn.

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.