

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36999

State File No. ....

FILED OCT 30 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10170**

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis</b>  |                                  | c. LENGTH OF STAY (in this place)  | c. CITY OR TOWN <b>St. Louis</b>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4373 Holly Hills</b>   |                                  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>WILLIAM</b><br>b. (Middle) <b>N.</b><br>c. (Last) <b>BANGERT</b>   |                                  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 24, 1953</b>  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Mar. 4, 1892</b>   |
| 9. AGE (In years last birthday) <b>61</b>   |                                  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sup. Circulation</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Sup. Circulation</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Globe Democrat</b>   | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |
| 13a. FATHER'S NAME<br><b>Wm. Bangert</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Heintz</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Nan Menemeyer Bangert</b>                           |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes W. War 1</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>498-09-0329</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Nan Bangert-4373 Holly Hills Ave.</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                         |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b><br><b>due to</b><br><b>atherosclerotic coronary thrombosis</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)   |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?<br><b>4201</b>   |
| 22. I hereby certify that I attended the deceased from <b>7-18, 1953</b> , to <b>10-24, 1953</b> , that I last saw the deceased alive on <b>10-23, 1953</b> and that death occurred at <b>4:00P</b> m., from the causes and on the date stated above. |                                  |  |   |
| 23a. SIGNATURE<br><b>Ronald A. Smith, MD</b>  |                                  | 23b. ADDRESS<br><b>5203 Chippewa</b>   | 23c. DATE SIGNED<br><b>10-26-53</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 24b. DATE<br><b>10-27-53</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>                        |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>   |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Kriegshauser-4228 S. Kingshighway Bl.</b>   |   |
| DATE REC'D BY LOCAL REG.<br><b>OCT 26 1953</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>Carl Smith MD</b>  |   |

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *Edwin R M Hewitt*.....

Licensed Embalmer No. *302*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.