

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9871

FILED APR 15 1957

STATE FILE NUMBER

2975

Registration District No. 318

Primary Registration District No. 1003

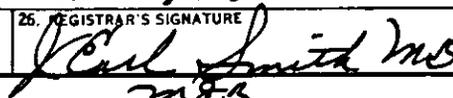
Registrar's No.

Health,
Welfare
Public
Service

300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Edwardsville ⁸¹²⁰ ₈	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS Rural Route 1 (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Viola Middle Ann Last Bange		4. DATE OF DEATH Month March Day 26 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Beauty Shop	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13. FATHER'S NAME August Kruse		14. MOTHER'S MAIDEN NAME Amelia Boeschen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Alvin Bange, Edwardsville, Ill.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 434.1			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, fat m., factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3-12-57 to 3-26-57 and last saw her/him alive on 3-26-57 Death occurred at 11:25 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE  (Degree or title) 0		22b. ADDRESS 4930 Lindell Blvd.	22c. DATE SIGNED 3-27-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-27-57	23c. NAME OF CEMETERY OR CREMATORY Rose Lawn Memorial Gardens	23d. LOCATION (City, town, or county) (State) Bethalto, Ill.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. MAR 27 '57	26. REGISTRAR'S SIGNATURE 

(Licensed Embalmer's Statement on Reverse Side)

x St. Louis
 x Park Lane Hospital
 Viola
 Ann
 Female
 White
 Operator
 August Kruse
 St. Louis, Mo.
 Amelia Boeschen
 St. Louis, Mo.
 111.

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 *Almo R. Padwell*

Licensed Embalmer No. 40

P. O. Address *St. Louis*

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.