

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033401

STATE FILE NUMBER

Registration District No. **318**

C#341555

1003 9422

Primary Registration District No. _____

8808

Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 6 1963

VS 300 Rev. 4/59	DATE AMENDED	
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN TIMES BEACH	
Length of stay in 1b- 85 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		d. STREET ADDRESS (If outside, give location) 325 GROVE ROAD	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE BANGERT		4. DATE OF DEATH Month Day Year AUGUST 28 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/10/96
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HEALTH INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME WILLIAM BANGERT	
13b. MOTHER'S MAIDEN NAME ELIZABETH HEINZ		14. NAME OF HUSBAND OR WIFE LATE NELL BANGERT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) YES WWI		16. SOCIAL SECURITY NO. _____	
17. INFORMANT HARRY C. BANGERT (SON)		Address 6709 JUDISTINE FAIR OAKS, CALIF	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) PULMONARY EDEMA			
DUE TO (b) CARCINOMA OF LUNG 163x			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 Month, Day, Year 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, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 6/4/63 to 8/28/63 and last saw ^{YOK} him alive on 8/28/63 Death occurred at 7:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert E. Murray M.D.</i>		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 8/28/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE SEP. 3, 1963	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.
24. FUNERAL DIRECTOR KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.		25. DATE RECD. BY LOCAL REG. SEP 3 1963	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

9074

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 James R. Dunn

Licensed Embalmer No. 4527

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/she shall sign in his/her OWN handwriting.
If this body is not embalmed, facts should be so stated above.