

No. 300  
-10-47  
5-17-39  
VI 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 23 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

133839  
13309  
State File No. \_\_\_\_\_  
Registrar's No. 3599

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3331a Delmar Blvd.  
41 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jane Banks

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 5 25 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Union Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name George Mathews

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Riley

(b) Address 3331a Delmar Blvd.

17. (a) Burial (b) Date thereof Apr. 16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine Street

19. (a) APR 15 1948 (b) J. J. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10  
year 1948 hour 7 minute 35 P.M.

21. I hereby certify that I attended the deceased from 2 - 15, 1948, to 4-10, 1948, that I last saw her 27 alive on 4-10, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial DEGENERATION

Due to GENERALIZED ATLETIOSELETOSIS

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Sherard (M. D. or other) \_\_\_\_\_  
Address 2762 E. 77th ST. KANKIN Date signed 4-14-

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

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Charles Young*  
.....  
Licensed Embalmer No. *33712*  
.....  
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 this body is not embalmed, fact should be so stated above.**