No. 300
10-48

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FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10880

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO 3063 Registrar's No. 570

1. PLACE OF DEATH
a. COUNTY: ST. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 25Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In Route to ST. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 6-10
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis 17 9
d. STREET ADDRESS (If rural, give location): 3968, A. Enright. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Elnora
b. (Middle): Griffin
c. (Last): Banks

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 1949

5. SEX: FeMale 2
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-31st, 1893
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 6, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HouseWife
10b. KIND OF BUSINESS OR INDUSTRY: Domesticts
11. BIRTHPLACE (State or foreign country): Elgin Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John. Griffin
13b. MOTHER'S MAIDEN NAME: Hanna. Dawson
14. NAME OF HUSBAND OR WIFE: James Banks
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.: 3057
17. INFORMANT'S SIGNATURE OR NAME: Imogene Dawson — **ADDRESS**: 4037 Vine Grove.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cause unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 7956

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
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

DIED WITHOUT MEDICAL ATTENDANCE

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thurid Leninger MD
23b. ADDRESS Act. Commr. of Health St. Louis County Health Dept.
23c. DATE SIGNED 3-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-49
24c. NAME OF CEMETERY OR CREMATORY: Washington. Park Cem
24d. LOCATION (City, town, or county) (State): ST. Louis. MO.

DATE REC'D BY LOCAL REG.: 3-5-49
REGISTRAR'S SIGNATURE: Thurid Leninger
25. FUNERAL DIRECTOR'S SIGNATURE: Cartwright & Swan **ADDRESS**: 3951 Finney

(Licensed Embalmer) 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 .....
Student Embalmer

Signed.....

Licensed Embalmer No. 4441

P. O. Address 2829 Washingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.