

No. 1300
19-48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15330

State File No. _____
Registrar's No. 900

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>4464</u>		State File No. _____		Registrar's No. <u>900</u>		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. LENGTH OF STAY (In this place) 32 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 13 Overland		OR TOWN 4231				
d. FULL NAME OF HOSPITAL OR INSTITUTION 9507-Milton Avenue				d. STREET ADDRESS (If rural, give location) 9507-Milton Avenue						
3. NAME OF DECEASED (Type or Print) a. (First) Katherine			b. (Middle) Banks			c. (Last) Banks			4. DATE OF DEATH (Month) (Day) (Year) April 4, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 22, 1870		9. AGE (In years last birthday) 79	# UNDER 1 YEAR 8	# UNDER 6 MRS. 0	# UNDER 15 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife retired			10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Westerville, Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Harry Gibbard			13b. MOTHER'S MAIDEN NAME Mary Webster			14. NAME OF HUSBAND OR WIFE James F. Dcd.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jeannette Etz-9507-Milton Av Overland, Mo.						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage -					INTERVAL BETWEEN ONSET AND DEATH 3 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis					year	
				DUE TO (c) Hypertension					year	
				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 <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? —						
22. I hereby certify that I attended the deceased from 4-19-1945 , to 4-4-1950 , that I last saw the deceased alive on April 3, 1950 , and that death occurred at 3-0 a.m. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Roy DeWaele Sr. M.D.				23b. ADDRESS Overland 14 Mo				23c. DATE SIGNED 4-6-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-7-1950	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park		24d. LOCATION (City, town, or county) (State) Hallston, Mo.					
DATE REC'D BY LOCAL REG. 4-6-50		REGISTRAR'S SIGNATURE Herbert R. Wombe, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Saumann Brothers Inc			ADDRESS 2504 Woodson Rd-Overland-14-Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

400
11-1-1950
W. V. D. Sullivan

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 3454

working under my personal supervision.

Student Embalmer No.

Signed

David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 1/2

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.