FILED JUL 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22188

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1553

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): 15 DAYS

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Mo.

b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 4231

d. STREET ADDRESS (If rural, give location): 3514 E. Edgar

3. NAME OF DECEASED (Type or Print): a. (First) Dolpha b. (Middle) [illegible] c. (Last) Hanks

4. DATE OF DEATH (Month) (Day) (Year): 6-24-50

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-1-82

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Austin Hanks

13b. MOTHER'S MAIDEN NAME: Mary Combs

14. NAME OF HUSBAND OR WIFE: Etna Ritter (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Lora Hill ADDRESS: 3514 Edgar, Overland

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vascular disease

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral hypoxia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 443 X

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?

22. *I hereby certify that I attended the deceased from* 6-9-, 1950, *to* 6-24, 1950, *that I last saw the deceased alive on* 6-24-, 1950, *and that death occurred at* 9:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. R. Colle (Degree or title) M.D.

23b. ADDRESS: 601 Brentwood, Clayton

23c. DATE SIGNED: 6-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 6-24-50

24c. NAME OF CEMETERY OR ~~CREMATORY~~: Kennindy

24d. LOCATION (City, town, or county) (State): Kennindy Ill

DATE REC'D BY LOCAL REG.: 6-24-50

REGISTRAR'S SIGNATURE: Herbert C. Dowke Jr.

25. FUNERAL DIRECTOR'S SIGNATURE: Charles Burris ADDRESS: East St. Louis Ill

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 31 '254

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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