

FILED JAN 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 825

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Clair, Missouri 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) Henry c. (Last) Banderman			4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 12, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 12	IF UNDER 1 HR. Hours 0	IF UNDER 1 HR. Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory		10b. KIND OF BUSINESS OR INDUSTRY Factory Work		11. BIRTHPLACE (State or foreign country) Mt Hope, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Rudolph Banderman			13b. MOTHER'S MAIDEN NAME Anna Simon			14. NAME OF HUSBAND OR WIFE Jeannie Banderman		

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. 488-07-8074		17. INFORMANT'S SIGNATURE OR NAME Alfred Banderman		ADDRESS St. Clair, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 8 mo	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MALIGNANT BRAIN TUMOR							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.					

19a. DATE OF OPERATION Aug 4, 1951		19b. MAJOR FINDINGS OF OPERATION MALIGNANT BRAIN TUMOR. 193X				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) (Min.)		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 **7-6**, 19**51**, to **1-24**, 19**52**, that I last saw the deceased alive on **1-24**, 19**52**, and that death occurred at **11:30 a.** m., from the causes and on the date stated above.

23a. SIGNATURE John F. Pearl, M.D.		(Degree or title)		23b. ADDRESS St. Clair, Mo.		23c. DATE SIGNED 1-25-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 26, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Lonedell, Missouri	

DATE REC'D BY LOCAL REG. 1-26-1952		REGISTRAR'S SIGNATURE P. J. Worthington		25. FUNERAL DIRECTOR'S SIGNATURE Herwood W. Hefel		ADDRESS St. Clair, Mo.	
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(Licensed Embalmer's 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 *Sheswood W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address *McLean*

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.