

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26484

318

1003

Registrar's No. 6358

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|--|--|--|---|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST LOUIS</i> | | 2229 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1306 S BROADWAY</i> | | | | d. STREET ADDRESS (If rural, give location) <i>23 1306 S BROADWAY</i> | | | |
| 3. NAME OF DECEASED (Type or Print) <i>CHARLES</i> | | a. (First) | | b. (Middle) <i>ELMER</i> | | c. (Last) <i>WILBANKS</i> | |
| 4. DATE OF DEATH | | (Month) <i>6</i> | | (Day) <i>-30-</i> | | (Year) <i>-52</i> | |
| 5. SEX <i>MALE</i> | | 6. COLOR OR RACE <i>WHITE</i> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i> | | 8. DATE OF BIRTH <i>FEB 3 1890</i> | |
| 9. AGE (In years last birthday) <i>62</i> | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 14 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work including years of working life, even if retired) <i>SHIP BUILDER</i> | | | 10b. KIND OF BUSINESS OR INDUSTRY <i>ST LOUIS SHIP CO</i> | | | 11. BIRTHPLACE (State or foreign country) <i>HOWELL CO</i> | |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>George Preston Wilbanks</i> | | 13b. MOTHER'S MAIDEN NAME <i>Arty Miller</i> | | NAME OF HUSBAND OR WIFE <i>George Elmer Wilbanks</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>486-16-2662</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Charles James Wilbanks</i> | | ADDRESS <i>6135 Pop</i> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | | | | | | |
| ANTECEDENT CAUSES | | | | | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | | | |
| DUE TO (b) <i>Heat Prostration</i> | | | | | | | |
| 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 <input type="checkbox"/> NO <input 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? <i>rod</i> <i>E9310</i> | | | |
| 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 <i>12:30</i> m., from the causes and on the date stated above. <i>22</i> | | | | | | | |
| 23a. SIGNATURE <i>Patrick E Taylor</i> (Degree or title) <i>Cornet</i> | | | | 23b. ADDRESS <i>31300 Clark</i> | | 23c. DATE SIGNED <i>7-2-52</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <i>7-7-52</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Freelee Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>Pattersonville</i> | |
| DATE REC'D BY LOCAL REG. <i>JUL 2 1952</i> | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Hellemen</i> | | ADDRESS <i>Oreland mo</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed

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 _____

Carl J. Hillman

Licensed Embalmer No. _____

P. O. Address _____

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.