

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40162

FILED DEC 14 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11585**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Dexter	
c. LENGTH OF STAY (In this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 20 Hickory St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Temple Hosp			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Max	b. (Middle)	c. (Last) Banks	(Month) Dec.	(Day) 7	(Year) 1953

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Aug 15, 1870	9. AGE (In years last birthday) 83	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant	10b. KIND OF BUSINESS OR INDUSTRY retail dry goods	11. BIRTHPLACE (City and State or Foreign Country) Uttranchur	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME (unk) Banks	13b. MOTHER'S M maiden NAME unk	14. NAME OF HUSBAND OR WIFE Sophie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No; if unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jerome Banks	18. ADDRESS Franklin Ave
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction and pneumonia		INTERVAL BETWEEN ONSET AND DEATH 1 week	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. Congestive Heart Failure			2 yrs
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 4341
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22. I hereby certify that I attended the deceased from **Dec 1, 1953** to **Dec 7, 1953**, that I last saw the deceased alive on **Dec 7, 1953**, and that death occurred at **0 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jerome E. Casco M.D.	23b. ADDRESS 4409 W. Pine	23c. DATE SIGNED 12/7/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Rem	24b. DATE 12/8/53	24c. NAME OF CEMETERY OR CREMATORY Ohio Avenue	24d. LOCATION (City, town, or county) (State) University City MO
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DATE REC'D BY LOCAL REG. DEC 7 1953	REGISTRAR'S SIGNATURE W. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Prentiss	ADDRESS 8215 Madison
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

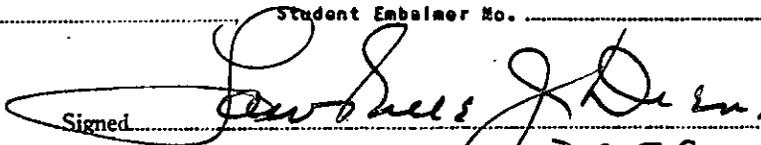
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed 

Licensed Embalmer No. 3988

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.