

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20156

State File No.

BIRTH NO.		REG. DIST. NO. 9001		PRIMARY REG. DIST. NO. 81E		Registrar's No. 1492			
1. PLACE OF DEATH a. COUNTY 318				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 1521 a Papin 2229					
3. NAME OF DECEASED a. (First) Carrie (Type or Print)			b. (Middle)		c. (Last) Banks		4. DATE OF DEATH (Month) (Day) (Year) May 15, 1954		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar 14, 1895			
9. AGE (In years last birthday) 39		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Georgetown, Miss.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mack Hodges		13b. MOTHER'S MAIDEN NAME Emily Johnson		13c. NAME OF HUSBAND OR WIFE Andrew Banks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-28-0883		17. INFORMANT'S SIGNATURE OR NAME Andrew Banks		ADDRESS 1521 Papin			
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, asthma, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix.				INTERVAL BETWEEN ONSET AND DEATH Undt	
*This does not mean the mode of dying, such as heart failure, asthma, 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. Cardiovascular Accident									
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? 171X					
22. I hereby certify that I attended the deceased from Apr. 16, 19 54 , to May 15, 19 54 , that I last saw the deceased alive on May 15, 19 54 , and that death occurred at 10:30 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) William Jimms, M. D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 5/17/54			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 22, 1954		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. MAY 19 1954		REGISTRAR'S SIGNATURE J. Earl Smith		25. FEDERAL DIRECTOR'S SIGNATURE S. H. Bruce		ADDRESS 4469 Washington St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Frederick P. Stark*

Licensed Embalmer No. *4599*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.