

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 42155

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10440

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	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 <i>5 No. 4th St.</i>		e. STREET ADDRESS (If rural, give location) <i>25 5 No. 9th St 2259 0</i>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <i>Carl</i>	b. (Middle)	c. (Last) <i>Banks</i>	<i>10 21 58</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>abt 1892 abt 67</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years) (Last birthday) <i>67</i>
11a. FATHER'S NAME <i>Wm R</i>		11b. MOTHER'S MAIDEN NAME <i>Wm R</i>	11c. NAME OF HUSBAND OR WIFE <i>Wm R</i>
12. CITIZENSHIP OF WHAT COUNTRY? <i>U.S.A</i>		13. BIRTHPLACE (City and State or Foreign Country) <i>Illinois</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>None</i>	16. SOCIAL SECURITY NO. <i>Wm R</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>F. B. Taylor Cor 1300 Clark</i>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <i>1. Pulmonary Congestion 2. Cardiac Hypertrophy 3. Coronary Sclerosis</i>		20. AUTOPSY? YES <input checked="" 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>4201</i>

22. I hereby certify that I attended the deceased from *10* to *19*, that I last saw the deceased alive on *11-30-54*, and that death occurred at *5:30* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Patrick Taylor Corner</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>11-1-58</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>11-30-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>NOV 17 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith mo</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland-Aker Mortuary Service 141 1/2 Manchester Ave. St. Louis 10, Mo.</i>
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

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