

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6392**  
Registrar's No. **1438**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>8120</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b>	c. LENGTH OF STAY (in this place) <b>15 DAYS</b>	c. CITY OR TOWN <b>LOVE JOY</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>158 N. 6<sup>th</sup> STREET</b>	

3. NAME OF DECEASED a. (First) <b>Willis</b> b. (Middle) <b>-</b> c. (Last) <b>O'BANNON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 13 1955</b>		
5. SEX <b>M. 2</b>	6. COLOR (OR RACE) <b>C</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 29, 1892</b>	9. AGE (In years last birthday) <b>63</b>	if UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TERMINAL RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GRAND JUNCTION, TENN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Joe O'BANNON</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>IRENE O'BANNON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>IRENE O'BANNON - 158 N. 6<sup>th</sup> ST. LOVE JOY, ILL.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Acute eosinophilia of sigmoid</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Metastasis</b>		
	DUE TO (b) <b>DOE TO (c)</b>		
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 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? <b>153X</b>
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22. I hereby certify that I attended the deceased from **1-30-1955**, to **2-13-1955**, that I last saw the deceased alive on **2-12-1955**, and that death occurred at **6:15 P.M.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree of title) <b>Charles Thomas M.D.</b>	22b. ADDRESS <b>1725 So Grand</b>	22c. DATE SIGNED <b>FEB 15 1955</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>FEB 15, 1955</b>	23c. NAME OF CEMETERY OR CREMATORY <b>EAST ST. LOUIS, ILLINOIS</b>	23d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>FEB 15 1955</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>MARSHALL FUNERAL HOME - EAST ST. LOUIS, ILL.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**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 *Thomas M. Labson*

Licensed Embalmer No. 44  
1205 MISSOURI  
P. O. Address 417 ST. LOUIS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.