

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19138**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 1151			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Valley Park)		c. LENGTH OF STAY (in this place) township) D.O.A.		c. CITY OR TOWN St. Louis		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 765 River Dr.				e. STREET ADDRESS (If rural, give location) 2305A St. Louis Ave. 2209					
3. NAME OF DECEASED (Type or Print) a. (First) Thelmon b. (Middle) Doyle c. (Last) Hankins			4. DATE OF DEATH (Month) (Day) (Year) May 6, 1956						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10, 1933		9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Disabled Veteran		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) 0 Holcomb, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Arvil M. Hankins			13b. MOTHER'S MAIDEN NAME Mamie Hicks		14. NAME OF HUSBAND OR WIFE Patricia Hankins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 429-54-8719		17. INFORMANT'S SIGNATURE OR NAME Patricia Hankins, 2305A St. Louis		ADDRESS _____			
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) Asphyxia by drowning 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Meramec River		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Valley Park 42 St. Louis Mo.		E-9298			
21d. TIME OF INJURY May 1, 1956 4:00 Body found May 8, 1956 10:15 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowned while swimming in Meramec River - from south to north bank.					
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 _____ m., from the causes and on the date stated above.									
23a. SIGNATURE Clair D. Willmann (Degree or title) Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 5-9-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/8/56	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.				
DATE REC'D BY LOCAL REG. 5-7-56		REGISTRAR'S SIGNATURE Herbert R. Donham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meyer-Pfitzinger, Kirkwood 22, Mo.					

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 *William H. Fitzgerald*.....

Licensed Embalmer No. *43*

P. O. Address *Kirkwood*

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