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FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9406

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3001 SALENA — Length of stay in 1b 9 24

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3001 SALENA — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CHARLES Middle Last BANKS
4. DATE OF DEATH Month OCT. Day 13 Year 1956
5. SEX Male
6. COLOR OR RACE WHITE
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH JAN. 2 1881
9. AGE (In years last birthday) 75
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) WAREHOUSE CLERK
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) ARKANSAS
12. CITIZEN OF WHAT COUNTRY? U-S-A
13. FATHER'S NAME WILLIAM BANKS
14. MOTHER'S MAIDEN NAME HALLIE PUTNAM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-24-6378
17. INFORMANT Address ELLA BANKS 3001 SALENA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of the Rectum
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 154 X
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from , to , and last saw her/him alive on
Death occurred at 310 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 10.15.56
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE OCT 16 1956
23c. NAME OF CEMETERY OR CREMATORY MT. LEBANON CEM.
23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo
24. FUNERAL DIRECTOR Thomas Kiter ADDRESS 2906 Gravois
25. DATE RECD. BY LOCAL REG. OCT 15 1956
26. REGISTRAR'S SIGNATURE V. Carl Smith MD
m 86

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student ..... Signed James C Dill

Signature of Student Embalmer

Licensed Embalmer No. 43

P. O. Address 2906

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