

Health, Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 21 1957

STANDARD CERTIFICATE OF DEATH

37516
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003

Registrator's No. 9377

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN ST. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1826 North 9 St		Length of stay in 1b	d. STREET ADDRESS 12670 1826 N. 9th Street		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last ARTHURS C. HANKINS			4. DATE OF DEATH Month Day Year Oct. 6-1957		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19th, 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Williams Hankins			14. MOTHER'S MAIDEN NAME May Hornbeck		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No <input type="checkbox"/> <input type="checkbox"/>		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address May Hankins 1826 North 9th Street		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hematoma</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Fracture of the Skull;</i>	DUE TO (c) <i>E9000 21</i>			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. INJURY OCCURRED <i>fall</i>				
20c. TIME OF INJURY Hour Month, Day, Year 4:55 p. m. 10 6 57	20d. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.) <i>267 Steps</i>				
20e. CITY, TOWN, OR LOCATION St. Louis Mo.	20f. COUNTY STATE				
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>4:55 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Patrick E. Taylor Carman</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>10.8.57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
Removal	Oct. 9th, 57	Friedens Cemetery	St. Louis Co. Mo.		
24. FUNERAL DIRECTOR Leidner Und. Co. 2223 St. Louis Ave.		25. DATE RECD. BY LOCAL REG. OCT 8 '57	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>		

(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..... *Albert Mayfield*

Licensed Embalmer No. *30*

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.