

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038800

FILED VS NOV 3 1960 162

Registration District No. 1595 Primary Registration District No. 115 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO		b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK TOWNSHIP		Length of stay in 1b 9		c. CITY OR TOWN GLASS VILLAGE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEAR GLEN PARK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 204 CAMERON	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First Middle Last GUYE DENNIS BANE			4. DATE OF DEATH Month Day Year 10-13-1960				
5. SEX MALE	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 OCT 11 1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME ALBERT M. BANE		13b. MOTHER'S MAIDEN NAME MARIE LUTOSTONSKI		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MR. BANE 204 CAMERON RD.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWNING		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (b), 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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) CIRCUMSTANCES UNKNOWN.	
20c. TIME OF INJURY Hour a.m. p.m. 10:00 A.M.	Month, Day, Year 10-13-1960		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) RIVER.	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis County - MO.	
21. I attended the deceased from CORONER'S to View. and last saw her/him alive on 10:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) James C. Richard M.C. Coroner		22b. ADDRESS Festus MO.		22c. DATE SIGNED 10-18-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 18 1960	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
24. FUNERAL DIRECTOR ADDRESS ROBERT D. KINEALY 2228 ST LOUIS AVE		25. DATE RECD. BY LOCAL REG. 10-18-60	26. REGISTRAR'S SIGNATURE Robert E. Bower	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 3 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *No Embalming*
Robert A. Tineally

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.