

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **12 104791** Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **23**
(If outside city or town limits, write "RURAL")
(d) Street No. 2505 McNair Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23,
year 1940 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from February
8, 19 40, to February 23, 19 40
that I last saw her alive on February 23, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Shock post-op
Chc. Mastoiditis
Duration 5 days
12 days
25 yr

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations Chc. Mastoiditis
Of autopsy nothing positive
Underline the cause to which death should be charged statistically.

3. (a) -PRINT FULL NAME 520
Childred Irene Banach

3. (b) If veteran, name war nil 3. (c) Social Security N498-10-4634

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stephen Banach 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 24, 1908
(Month) (Day) (Year)

8. AGE: Years 31 Months 11 Days - If less than one day _____ hr. _____ min.

9. Birthplace Webb City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry worker

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Stephen Banach

(b) Address 2505 McNair Ave.

17. (a) Burial (b) Date thereof Feb. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Arla Maydell

(b) Address 1926 Allen Ave.

19. (a) FEB 25 1940
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Harry M. Birch (M. D. or other) _____
Address 1515 Lafayette Date signed 2/23/40

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Benj. C. Duncan
Licensed Embalmer No. 2272
P. O. Address 1924 Allen

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 this body is not embalmed, above space should be left blank.