

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12525

FILED APR 20 1944 318

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3302

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Childrens Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois 999 (b) County St. Clair 11

(c) City or town East St. Louis 0
(If outside city or town limits, write "RURAL") N.R.

(d) Street No. 735 N. 72nd Str
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME BANTA, CHARLOTTE KATHERYN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 14 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 8 -
year 44 - hour 1 - minute 10 P.M.

21. I hereby certify that I attended the deceased from 4 -
6 - 19 44 to 4 - 8 - 19 44
that I last saw her alive on 4 - 8 - 19 44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

2 24 hr. min.

Immediate cause of death: Encephalitis lethargica

Due to _____

Due to _____

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

9. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Edwin B. Banta

13. Birthplace Montpelier Ind. /
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Staus

15. Birthplace Hannibal Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Helen P. Haigrod

(b) Address East St. Louis, Ill.

17. (a) Removal _____ (b) Date thereof 4-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address East St. Louis, Ill.

19. (a) APR 10 1944 (b) J. F. Medeck
(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 R. O. M. H. _____ (M. D. or other) _____

Address _____ Date signed _____

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.....

Licensed Embalmer No. 3162

P. O. Address E. St. Louis I 11

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, fact should be so stated above.