

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1948

Registration District No. **317**

Primary Registration District No. **3-0633069**

Registrar's No. **2028**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Richmond Hts
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Myrtle Alice Bandy

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 Married

6. (b) Name of husband or wife William C. Bandy

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb. 17 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>6</u>	<u>8</u>	hr. min.

9. Birthplace Medesto Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business At Home

12. Name Francis M. Scott.

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

14. Maiden name Sasha Branon

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

16. (a) Informant W. C. Bandy

(b) Address 2303 State, Granite City, Ill.

17. (a) Removal (b) Date thereof Aug. 26, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill.

18. (a) Signature of funeral director Frank Mercer

(b) Address Granite City, Ill.

19. (a) 8-27-48 (b) Cecil A. Z. Sharp, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Granite City
(If outside city or town limits, write "RURAL")

(d) Street No. 2303 State
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1948 hour 19 minute 15 A.M.

21. I hereby certify that I attended the deceased from 11 Aug 48
to 25 Aug 48, 1948
that I last saw her alive on 25 Aug 48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to 830

Due to meningitis

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

Major findings: Of operations same

Of autopsy same

Duration 2 1/2 mo.

PHYSICIAN 2 day

Underline the cause to which death should be charged statistically.

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) _____

(b) Means of injury _____

23. Signature Robert A. Wednesday (M. D. or other) _____
Address 6000 E. 1st Date signed 2 Aug 48

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

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..... *Frank Musser*

Licensed Embalmer No. *4420*

P. O. Address. *Granite City*

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.