

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24257  
6929

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City 8120	
c. LENGTH OF STAY (If this place) 4 days		d. STREET ADDRESS (If rural, give location) 1914 E. Grand Ave. 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Beenus c. (Last) Bancroft			4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-13-1904	9. AGE (In years last birthday) 46	10. MONTHS 11. DAYS 12. HOURS 13. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipman	10b. KIND OF BUSINESS OR INDUSTRY Rolled Steel	11. BIRTHPLACE (State or foreign country) Noble, Ill	12. CITIZEN OF WHAT COUNTRY? Ill
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13a. FATHER'S NAME Charles Bancroft	13b. MOTHER'S MAIDEN NAME Blanche Dishong	14. NAME OF HUSBAND OR WIFE Helen Bancroft
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 342-05-5704	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Bancroft Granite City, Ill
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 7/27/51	19b. MAJOR FINDINGS OF OPERATION Carcinoma of left lung	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163x

22. I hereby certify that I attended the deceased from July 25, 1951, to July 28, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 5:26 p.m., from the causes and on the date stated above.

23a. SIGNATURE JR Bradley (Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 7/28/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-28-51	24c. NAME OF CEMETERY OR CREMATORY Madison	24d. LOCATION (City, town, or county) (State) Ill
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DATE REC'D BY LOCAL REG. AUG 3 1951	REGISTRAR'S SIGNATURE Jo B. Jasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis Lacey Madison, Ill
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6269

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 .....  
Student Embalmer

Signed Ronald Q. Yahub

Licensed Embalmer No. 3967

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 this body is not embalmed, fact should be so stated above.