

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24235

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6615

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>   |                               | c. CITY OR TOWN <u>St. Louis, Mo.</u>   | 4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute To City Hospital</u>   |                               | e. STREET ADDRESS <u>23 1723 A. South 12th.</u>   | 22370   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>MADILINE</u><br>b. (Middle)<br>c. (Last) <u>BANTE</u>  |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 16 1954</u>  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>July 1, 1879</u>  |
| 9. AGE (In years last birthday) <u>75</u>   |                               | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>   |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>  |                               | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Michael Spinder</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Rosa Meyers</u>  |   |
| 14. NAME OF HUSBAND OR WIFE   |                               | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   |
| 16. SOCIAL SECURITY NO.   |                               | 17. INFORMANT'S SIGNATURE OR NAME <u>Adele F. Ryan, 3414A Gravois, St. Louis, Mo.</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES<br><u>Body decomposed</u><br><u>Cerebral Apoplexy</u><br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>   |                               | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |   |
| 21b. PLACE OF INJURY (e.g., to 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? <u>334X</u>  |                               | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.  |   |
| 23a. SIGNATURE <u>Patrick Payer Caramels</u> (Degree or title)  |                               | 23b. ADDRESS <u>1300 Clark</u>  |   |
| 23c. DATE SIGNED <u>JUL 18 1954</u>   |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |   |
| 24b. DATE <u>7-19-1954</u>  |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cemetery</u>  |   |
| 24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>   |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin F.H.</u> ADDRESS <u>2301 Lafayette, St. Louis, Mo</u>  |   |
| DATE REC'D BY LOCAL REG. <u>JUL 19 1954</u>   |                               | REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>   |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 embalm<sup>NOT</sup>

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James R. Chapman*.....

Licensed Embalmer No. *H.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.