

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23425**

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5323**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (In this place) 4 1/2 YRS.	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY-HOSPITAL #1.		e. STREET ADDRESS (If rural, give location) 26 1808 1/2 HOGAN - ST. 226 1/2	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) STEVE c. (Last) BANASCEK			4. DATE OF DEATH (Month) (Day) (Year) JUNE, 19TH 1955
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 24TH 1886
9. AGE (In years last birthday) 68 YRS.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL-LABORER	10b. KIND OF BUSINESS OR INDUSTRY HUSMANN-REFRIGERATOR	11. BIRTHPLACE (City and State or Foreign Country) NASHVILLE - ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME MIKE - BANASCEK	13b. MOTHER'S MAIDEN NAME ANNA - CINEL.	14. NAME OF HUSBAND OR WIFE ROSE - BANASCEK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If you give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSE-BANASCEK = 1808 1/2 HOGAN - ST.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Carcinoma of the rectum</p> <p>11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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? 154X	
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 8:30A.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert E. Juyke		23b. ADDRESS 1500 Clarke	23c. DATE SIGNED 6/20/55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 22ND 1955	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS - CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS - COUNTY = MO.
DATE REC'D BY LOCAL REG. JUN 20 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Brockland Und. Co. 1827-HOGAN-ST.	

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 embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John B. Binkley*
Licensed Embalmer No. *36*
P. O. Address *La*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.