

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30560

State File No. 8606

1003

Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO.

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer, Missouri</u>	
c. LENGTH OF STAY (In this place) <u>41 days</u>		d. STREET ADDRESS (If rural, give location) <u>Box 113</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Frisco Hospital</u>			

3. NAME OF DECEASED a. (First) <u>GEORGE</u> (Type or Print)		b. (Middle) <u>E.</u>		c. (Last) <u>BANKS</u>		4. DATE OF DEATH (Month) <u>9</u> (Day) <u>30</u> (Year) <u>55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-31-1911</u>	
9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Fobrin Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Sams</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Dorothy Banks (wife)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Banks Thayer</u>		ADDRESS <u>Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant hypertension.</u>		Arteriolar Nephrosclerosis.							
ANTECEDENT CAUSES		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>							
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS: <u>Congestive heart failure.</u>							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral thrombosis, old.</u>							

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>44.1 X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug. 20, 1955, to Sept. 30, 1955, that I last saw the deceased alive on Sept. 30, 1955, and that death occurred at 2:05 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>V. W. Hollo, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Louis 8, Mo. 4960 Laclede Avenue</u>		23c. DATE SIGNED <u>9-30-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Mo</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>OCT 1 - 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>		ADDRESS <u>4700 Washington</u>	
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(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1955

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 *John J. Haines*

Licensed Embalmer No. *9108*

P. O. Address *St Louis Mo*

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.