

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6104****318****1003****710**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>None</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>None</b>					
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>abt 10 yrs</b>		c. CITY OR TOWN <b>St. Louis</b>		219 10			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4340 Page Blvd.</b>				d. STREET ADDRESS (If rural, give location) <b>4340 Page Blvd.</b>					
3. NAME OF DECEASED (Type or Print) <b>Hill</b>			a. (First) <b>Hill</b>			b. (Middle) <b>BANKHEAD</b>			
c. (Last) <b>BANKHEAD</b>			4. DATE OF DEATH <b>Jan 15, 1956</b>			5. SEX <b>Male</b>			
6. COLOR OR RACE <b>Negro</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>			8. DATE OF BIRTH <b>Aug 1, 1899</b>			
9. AGE (in years last birthday) <b>56</b>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown, Arkansas</b>			
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY <b>Auto Sales</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Bankhead</b>			14. NAME OF HUSBAND OR WIFE <b>Unavailable</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unavailable</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Murray McMiller, 1807 McCausland, E. St Louis</b>			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart</b>					INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Disease;</b> DUE TO (c) <b>Ascites.</b>						
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>					20. AUTOPSY? YES <input 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?			
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 <b>1:50 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>James M. Kelly</b>					23b. ADDRESS <b>1300 Clark Avenue</b>			23c. DATE SIGNED <b>1/21/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			24b. DATE <b>1/23/56</b>			24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Berkeley City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 21 1956</b>			REGISTRAR'S SIGNATURE <b>J. Earl Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Cunningham &amp; Moore, 2405 Marcus Avenue</b>			

**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 K. Cunningham*

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus Avenue

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.