

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6105**  
Registrar's No. **412**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY **None**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **None**

b. CITY (If outside corporate limits, write RURAL and give township)  
**St. Louis**

c. CITY OR TOWN  
**St. Louis**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**4807 Fountain Avenue**

e. STREET ADDRESS (If rural, give location)  
**12 4807 Fountain Avenue**

3. NAME OF DECEASED  
a. (First) **Marion** b. (Middle) **Agnew** c. (Last) **BANKHEAD**

4. DATE OF DEATH (Month) (Day) (Year)  
**Jan. 10, 1956**

5. SEX  
**Male**

6. COLOR OR RACE  
**Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**Never Married**

8. DATE OF BIRTH  
**May 11, 1917**

9. AGE (In years last birthday) Months Days IF UNDER 24 HRS. Hours Mins.  
**38**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Laborer**

10b. KIND OF BUSINESS OR INDUSTRY  
**Unk**

11. BIRTHPLACE (City and State or Foreign Country)  
**Baldwyn, Mississippi**

12. CITIZEN OF WHAT COUNTRY?  
**USA**

13a. FATHER'S NAME  
**Hill Bankhead**

13b. MOTHER'S MAIDEN NAME  
**Mattie White**

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)  
**None**

16. SOCIAL SECURITY NO.  
**Unk**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Hill Bankhead, 4340 Page Blvd.,**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Carbon Monoxide Poisoning;**  
ANTECEDENT CAUSES **suffered when over came by fumes emanating from coal stove in shed in rear of 4807 Fountain Avenue; expect true unknown.**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
**January 10 1956**

20. AUTOPSY?  
YES  NO

21a. ACCIDENT (Specify)  
**Accident**

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**shed**

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
**St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
**Jan 10 56 ?**

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**E 892: 0 15**

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 **1030A** m., from the causes and on the date stated above.

23a. SIGNATURE  
**James M. Kelly**

23b. ADDRESS  
**1300 Clark Avenue**

23c. DATE SIGNED  
**1/13/56**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE  
**1/14/56**

24c. NAME OF CEMETERY OR CREMATORY  
**Washington Park Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Berkeley City, Mo.**

DATE REC'D BY LOCAL REG.  
**JAN 13 1956**

REGISTRAR'S SIGNATURE  
**J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Cunningham & Moore, 2405 Marcus Ave.**

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 K. Cunningham*  
Licensed Embalmer No. .... 4476..

P. O. Address 2405 Marcus Av.

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.