

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10399

State File No.

2719

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY st. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) st. Louis		c. LENGTH OF STAY (in this place) 25 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION st. Mary's Infirmary		e. STREET ADDRESS (If rural, give location) 117 North 6th street <i>81203</i>	
3. NAME OF DECEASED a. (First) LINNIE		b. (Middle) DOLLIE	
c. (Last) BANKS		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1956	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1903
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) Lyon, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Green Chambers		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Arthur Banks		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 348-05-5234		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Banks-117 N 6th st. Lovejoy, Ill.	
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) Carcinoma with metastases INTERVAL BETWEEN ONSET AND DEATH 9 years ANTECEDENT CAUSES Carcinoma of the uterus with metastases 5 yrs. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 174x	
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) m.		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 Jan. 1, 1956 , to March 15, 1956 , that I last saw the deceased alive on March 15, 1956 , and that death occurred at 2:55 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Earle Williams (Degree or title) <i>Earle Williams M.D.</i>		23b. ADDRESS 501 Madison, Lovejoy, Ill.	
23c. DATE SIGNED March 16, 1956		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE March 16, 1956		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home-East St. Louis, Ill.	
DATE REC'D BY LOCAL REG. MAR 16 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D. <i>S. D.</i> (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 embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Thomas M. Hobson*.....

Licensed Embalmer No.....44

P. O. Address 2205 Missouri
E. St. Louis

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