

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024001
State File No. 1535

FILED JUL 11 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1535

Acc 9

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Ferguson)		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson 40090 ✓	
c. LENGTH OF STAY (In this place) 16 Yrs.		d. STREET ADDRESS (If rural, give location) 604 East Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION 604 East Drive			
3. NAME OF DECEASED (Type or Print)	a. (First) MILDRED	b. (Middle) KATE	c. (Last) BANDY
4. DATE OF DEATH	6/16/58		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/6/14
9. AGE (In years last birthday) 44	if UNDER 1 YEAR Months	if UNDER 12 HRS. Hours	if UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Dengler	13b. MOTHER'S MAIDEN NAME BARBARA HINZE	14. NAME OF HUSBAND OR WIFE Walter H. Bandy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 493-01-9543	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Bandy 604 East Drive Ferg.	
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) Unknown natural causes ANTECEDENT CAUSES Morbid 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. 7954		INTERVAL BETWEEN ONSET AND DEATH 1 week
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Domke M. D.	(Degree or title)	23b. ADDRESS 651 S. Brentwood, Clayton, Mo.	23c. DATE SIGNED 6/23/58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/19/58	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
DATE REC'D BY LOCAL REG. 6-18-58	REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White-Mullen 118 N. Florissant Rd.	

(Licensed Embalmer's Statement on Reverse Side)

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 Eleanor Poince

Licensed Embalmer No. 3403

P. O. Address Jarvis Mt

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.