

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004395

FILED VS. FEB 1 1960 317

Registration District No. _____ Primary Registration District No. 542 Registrar's No. 196

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE La. b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson, Mo.		Length of stay in 1b 6 Mos. 16 Days		c. CITY OR TOWN Shreveport		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Knoll Nursing Home			Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3345 Alexander			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ella Middle O'Bannon Last Rew				4. DATE OF DEATH Month Jan. Day 19 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 19, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 2 Days 0	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) St. Louis		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John T. O'Bannon			13b. MOTHER'S MAIDEN NAME Hannah Shields		14. NAME OF HUSBAND OR WIFE Dr. Charles E. Rew		
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. None		17. INFORMANT Address E.C. O'Bannon 9509 Old BonHomme			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral malaria						INTERVAL BETWEEN ONSET AND DEATH unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Aug 3, 1959 to Jan 19, 1960 and last saw her alive on 1-12-60 Death occurred at 4:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Lewis Littmann M.D.				22b. ADDRESS 8231 Clayton Rd (17)		22c. DATE SIGNED 1-19-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Mausoleum		23d. LOCATION (City, town, or county) (State) Dallas Texas		
24. FUNERAL DIRECTOR Schumacher's 3013 Meramec St.				25. DATE RECD. BY LOCAL REG. 1-19-60		26. REGISTRAR'S SIGNATURE John E. Murphy M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 12 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack Hucy

Licensed Embalmer No. 4746
P. O. Address St Louis

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.