OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-039432
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2999

FILED NOV 15 1961

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Co. RH. Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 2835 January (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle M. Last Banlle
4. DATE OF DEATH Month 10 Day 25 Year 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-14-1923
9. AGE (last birthday) 38
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Power Mech
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and state or country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Joseph Emma
13b. MOTHER'S MAIDEN NAME Frances Magnano
14. NAME OF HUSBAND OR WIFE Eugene J Banlle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Eugene J Banlle Address 2835 January

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 4-5 days?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Disseminated Lupus Erythematosis — 7 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Abdominal Abscess
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1954, to Present and last saw her alive on 10-24-61
Death occurred at 2 30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William A. Ulmer (Degree or Title) MD
22b. ADDRESS 4401 Hampton
22c. DATE SIGNED 10-26-61

23a. BURIAL, CREMATION, REMOVAL Burial
23b. DATE 10-28-1961
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem
23d. LOCATION (City, town, or county) (State) St Louis Co. Mo

24. FUNERAL DIRECTOR Kingbermnelle ADDRESS 3819 So Grand Blvd.
25. DATE RECD. BY LOCAL REG. 10-26-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

ITEM NO. SHOULD READ

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 George J. Wingbermnehl

Licensed Embalmer No. 4611

P. O. Address St Louis 18 Mo

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.