

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22287

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Mullanphy Hosp.)

Registration District No. 791
Primary Registration District No. 1008

File No.....
Registered No. 6470
St. Ward)

2. FULL NAME

Infant Banta
(a) Residence. No. 2725 N. Spring St. 10 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19, 1928</u>		
7. AGE	YEARS	MONTHS
<u>St. C. Ho. or</u>	<u>0</u>	<u>0</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>none</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Cyrus Banta

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Berrysman
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Pauline Diebey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Grandale
(STATE OR COUNTRY) Missouri

14. INFORMANT Cyrus Banta
(Address) 2725 N. Spring

15. FILED UN 19 1928
REGISTRAR Max C. Hankoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1928

17. I HEREBY CERTIFY, That I attended deceased from June 19 1928, to June 19 1928
and I last saw him alive on June 19 1928, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurity 129

CONTRIBUTOR (SECONDARY) 1610
(Signature) yrs. mos. da. 2 hours

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Nanc
(Signed) Arthur C. Kimball, M. D.
June 19, 1928 (Address) 2700 N. Grand Blvd.

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL June 19 1928

20. UNDERTAKER Alton Stello 2707 N. Grand ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

