MAY 1929

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

Do not use this space.

15931

**1. PLACE OF DEATH**

County: St Louis — Registration District No.: 1170 — File No.:

Township: Central — Primary Registration District No.: 6248 H — Registered No.: 94

City: St Louis Mo (No. Richmond Heights Mo. St. ..... Ward)

**2. FULL NAME** Simon Banks Argus Ark.

(a) Residence. No. Richmond Height St., ..... Ward. Argus Ark.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | Col'd | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1882-6-11

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 46 | 9 | 25 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Ben Banks

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

12. MAIDEN NAME OF MOTHER Nat Brown

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

14. INFORMANT Alabama Banks
(Address) Richmond Height

15. FILED 4/9, 1929 C. L. Jurgen
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/6 1929

17. I HEREBY CERTIFY, That I attended deceased from 3/5, 1929 to 4/6, 1929 that I last saw him alive on 4/4/29, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46 E
93 D tropical
Myocarditis Hyperthyroid
Acute (duration) ..... yrs. 2 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Carcinoma Liver
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Albert F. Ziegler M.D., M. D
4/8, 1929 (Address) 1128 Lafayette Ave.

*State the DISEASE CAUSING DEATH, or in 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 | DATE OF BURIAL |
|---|---|
| Father Dickson Cem | April 10th 29 |
| **20. UNDERTAKER** | **ADDRESS** |
| A. L. Beal & Co. | 2726 Lucas |

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.