

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp..... Primary Registration District No. 1003
 City St. Louis (No. 3907A, Finney Av.) St. _____ Ward _____

File No. _____
 Registered No. 8574
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 3907A, Finney Av. 11 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6th 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 3 14

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) Richmond
 (STATE OR COUNTRY) Virginia

10. NAME OF FATHER John Banks

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

12. MAIDEN NAME OF MOTHER Antiochott Banks

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

14. INFORMANT Rosa Banks wife
 (Address) 3907A Finney Av.

15. FILED _____ 19 May 1929
 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 20th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 4th 1929, to Aug. 20 1929, that I last saw him alive on Aug. 20 1929, and that death occurred, on the date stated above, at 2:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Myocardial Insufficiency
2. Malignant Hypertension
3. Cerebral Les? 4. Chr. Arterio Sclerosis

CONTRIBUTORY (SECONDARY) Uremia due to Chr. Nephritis
 (duration) yrs. 18 mos. _____ ds.

28
 (duration) yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. 3936 Finney Av.

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiologic Laboratory Signs
 (Signed) William E. Rubenstein M. D.

(Address) 3908 Finney Av. St. Louis Mo.
 *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 Calvary Cemetery DATE OF BURIAL Aug 23 1929

20. UNDERTAKER Mosier Undertaking Co. Finney Av. ADDRESS 1059

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.

237
22

