

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

Do not use this space.

13990

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 5000
City St. Louis (No. City Hospital)

File No.....
Registered No. 3294
St..... Ward

2. FULL NAME

#32
William J. Banks
(a) Residence, No. 2716 St. Louis St. Ward 20
(Usual place of abode)
Length of residence in city or town where death occurred Life 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pile Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 260
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) ms.

MOTHER FATHER
13. NAME Fred Banks

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) ms.

15. MAIDEN NAME Elizabeth Stragler

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) ms.

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION OR REMOVAL PLACE Tricklers DATE 4/6, 1932

19. UNDERTAKER (ADDRESS) Math Hermannson

20. FILED APR - 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

13
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2nd, 1932
22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1932 to April 2nd, 1932
I last saw him alive on April 2nd, 1932 Death is said to have occurred on the date stated above, at 10.02 a m
The principal cause of death and related causes of importance were as follows:

Cellulitis of Right Thigh.
1000 Al
(Organism not known)
1526
Other contributory causes of importance:
Thrombosis of Right Iliac Vein
Possible Septicemid.

Name of operation..... Date of.....
What test confirmed diagnosis? autopsy Was there an autopsy? ja

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Septicemia
(Signed) City Hospital, M. D.
(Address) City Hospital

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.

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• Banks •