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.

MAR 9 1933

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

Do not use this space.

10926

1. PLACE OF DEATH

96 County St. Louis County — Registration District No. 786 — File No.

6 Township Central — Primary Registration District No. 4469 — Registered No. 9

8 City Maplewood (No. 2574 West Pointe Drive St. Ward)

2. FULL NAME Ida Banks

(a) Residence, No. 2574 West Pointe Drive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 10 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~XXXXXXX~~ OF divorced (OR) WIFE OF John Banks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8, 1862

7. AGE: YEARS ~~70~~ 71 — MONTHS ~~11~~ — DAYS X — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeburg, St. Clair County Illinois

FATHER

13. NAME Henry Dahmert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Kathryn Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Della C. Kaufman (ADDRESS) 2574 West Pointe Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Freeburg, Ills. DATE Mch. 9, 33

19. UNDERTAKER Allen W. McLaughlin (ADDRESS) 2301 Lafayette, St. Louis, Mo.

20. FILED 3/9, 1933 Mercedes Schuster, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932, to Mar. 8, 1933

I last saw her alive on Feb. 28, 1933. Death is said to have occurred on the date stated above, at 9 45 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset: not known

23

Other contributory causes of importance:

Endocarditis

Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? Exam & findings — Was there an autopsy? No

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? No

If so, specify

(Signed) J. A. Sterling, M. D.

(Address) 7258 Manchester

7ti
6628

00 69
8-E-3981
BE EE61