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

Do not use this space.

File No. 21596

Registered No. 5392

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 3014 Semple Ave St. ..... Ward)

2. FULL NAME Elmer E. Bankston

(a) Residence, No. 3014 - Semple, St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. 3 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Afro-American
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cleo Bell Bankston,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 5th 1904.

7. AGE: Years 29 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME: Leon Bankston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Anna B. Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Raleigh N. Carolina

17. INFORMANT (ADDRESS): Mrs. Cleo B. Bankston 3014 - Semple, ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cemetery DATE: 6/22/1933

19. UNDERTAKER (ADDRESS): R. C. Houston Jr. 2812 Thomas St.

20. FILED: JUN 21 1933 19 J. F. Biedeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933, to June 19, 1933

I last saw him alive on June 19, 1933. Death is said to have occurred on the date stated above, at 1:25 A.m.

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

	Date of onset
Rheumatic Endocarditis	
82A	
56A	
82D	
56.	

Other contributory causes of importance: Rheumatic Arthritis. Cerebral Infarct - with accompanying - paralysis - of upper lt. extremity

Name of operation ..... Date of 8

What test confirmed diagnosis? Clinical 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) Samuel Wolff, M. D.

(Address) 2906 No Union

101

1

1

2

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