

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

Do not use this space.

AUG 9 1935

24506

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo.*

Registration District No. **791**  
Primary Registration District No. **1003**  
City Hospital No. **2**

File No.....  
Registered No. **5888**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *3403 - Pine 21* Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

1. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 24<sup>th</sup> 1912*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*23 0 12*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housework*  
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 Mo.*

13. NAME *Oscar Banks*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Maud Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT *July Perdegar*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *7/10*

19. UNDERTAKER (ADDRESS) *J. Russell Underwood*

20. FILED *9* 1935 19 *Frederick* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6<sup>th</sup> 1935*

22. I HEREBY CERTIFY That I attended deceased from *6-1-1935* to *7-6-1935*

I last saw him alive on *7-6-1935* Death is said to have occurred on the date stated above, at *10:15 a.m.*

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

*Broncho pneumonia* Date of onset *107a*

Other contributory causes of importance:

*Mania - Depressive Psychosis*

Name of operation  
What first confirmed diagnosis? *Chronic* 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?

If so, specify (Signed) *James B. Harris, M.D.* (Address) *2940 - Lawton 13th*

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.

