

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.

The Ok. & by  
Coroner

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

Do not use this space.

APR 25 1936

16798

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
 Township Clayton Primary Registration District No. 6033a  
 City St. Louis (No. St. Louis Co. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 132

**2. FULL NAME**

James Banks  
 (a) Residence No. 929 W. Clay St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Wichita Grove Dr (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3rd 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 3-25th 1936 to 4-2nd 1936.  
 I last saw him alive on 4-2nd 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1906

Pneumonia of the lungs accompanied with bacteremia  
 Date of onset 3-27-36

7. AGE YEARS 29 MONTHS 8 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
 10. Date deceased last worked at this occupation (month and year) 3-26-36 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance Exposure to cold at job

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER  
 13. NAME Ben. Banks

Name of occupation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Wright and Widal

MOTHER  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide no Date of injury none  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

Manner of injury none  
 Nature of injury none

17. INFORMANT Lucy M. Jones  
 (ADDRESS) 929 W. Clay

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4-8-1936

19. UNDERTAKER SLATEY & SONS  
 (ADDRESS) Kirkwood, Mo.

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) R. 34 8th St. St. Louis, Mo.

20. FILED Apr 8 1936 D. G. Aguirre Registrar

[Signature]  
W. B. Jones  
MD

This certificate O'Ed by coroner because,  
negro male, sent to County hospital and died within  
a few hours after entering. Diagnosed at County Hospital  
as generalized broncho pneumonia, extreme toxemia with  
acute myocarditis, with history of Chr. inebriety.  
Pt; was sent to County hospital by Dr. Donelly,  
negro doctor located at Webster Groves, Mo.