

FEB 23 1937

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

Do not use this space.

4477

1. PLACE OF DEATH

96 County St. Louis Co. Registration District No. 1170  
7 Township Jefferson Primary Registration District No. 6248-4  
7 City Richmond Heights No. 1306 August Pl. 2 St. \_\_\_\_\_ Ward) \_\_\_\_\_

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

Registered No. 4

2. FULL NAME

Helen Ruth Banks  
(a) Residence, No. 1306 August Pl. St. Ward. \_\_\_\_\_  
(Usual place of abode) (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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1934

7. AGE YEARS MONTHS DWS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 4 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.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Richmond Heights  
(STATE OR COUNTRY) St. Louis Co.

13. NAME Milton Banks

14. BIRTHPLACE (CITY OR TOWN) Richmond Heights  
(STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Ruth Johnson

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

17. INFORMANT Milton Banks  
(ADDRESS) 1306 August Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Hicks DATE Jan. 8<sup>th</sup> 1937

19. UNDERTAKER W. C. Gardner and Co.  
(ADDRESS) 2649 Jefferson St.

20. FILED Jan. 6 1937 Sam A. Bassett  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4<sup>th</sup> 1937

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 9:15 a.m.

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

Conflagration (accidental) Date of onset 1/4/37

Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan. 4, 1937

Where did injury occur? Richmond Heights, Mo.

(Specify city or town, county, and State)

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

In home

Manner of injury In house burned down

Nature of injury Carbonization of whole body

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John D. Connell M. D.

(Address) Parover St. Louis Co.

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.

