

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

35833
 Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **108**

(c) City **St Louis Mo.** (d) Street No. **DePaul Hospital** Registered No. **9410**

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Benard Banach**

(a) Residence, No. **1605a Hogan St.** St. **26**

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 1 1923**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
14	7	5	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. **School**

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.**

FATHER

13. NAME **Anthony Banach**

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

MOTHER

15. MAIDEN NAME **Hixon**

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

17. INFORMANT (ADDRESS) **Anthony Banach 1605a Hogan St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **October 9 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Central Nat. Co 1841 East Ave.**

20. FILED **OCT 8 1937** **J. Beedeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 6 1937**

22. I HEREBY CERTIFY, That I attended deceased from **10-5-37**, 19**37**, to **10-6-37**

I last saw him alive on **10-6-37** Death is said to have occurred on the date stated above, at **3:45 p.m.**

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

Acute Endocarditis 10 5 37
Myocarditis 10 5 37
Acute Hepatitis 10 5 37
Cause Unknown

Date of onset

Other contributory causes of importance:

130

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 **Related to Surgery** M. D.
 (Address) **1875 Madison**

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.

STATEMENT BY LICENSED EMBALMER

I, Benz C. Duman, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Benz C. Duman

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)