

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH **791**

30668  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **1008**  
(b) Township..... Primary Registration District No. .... Registered No. **8105**  
(c) City **of St. Louis** (d) Street No. **Firmin Desloge Hosp.** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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

**BANKES, Herman** **522**  
(a) Residence, No. **2837 Henrietta Street** St. **23**  
(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) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Phenie**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 29, 1865**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**73** **0** **10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**  
9. Industry or business in which work was done, as 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) **Pennsylvania**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**17. INFORMANT (ADDRESS) **Mrs. Phenie Bankes**  
**2837 Henrietta St**18. BURIAL, CREMATION OR OTHER DISPOSITION in PLACE **Park Lawn Cem.** DATE **9/13/38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **A. W. McLaughlin**  
**2301 Lafayette Avenue**20. FILED **SEP 13 1938**  
**J. D. Brudler** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 9**, 19**38**22. I HEREBY CERTIFY, That I attended deceased from **April 11**, 19**38**, to **Sept 9**, 19**38**I last saw him alive on **Sept 9**, 19**38**. Death is saidto have occurred on the date stated above, at **5<sup>00</sup> p. m.**

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

**Pyelitis - Calculous**  
**Cystitis - Catarrhal.**  
**prostatic abscess** **59**  
Date of onset **8-12-38**

Other contributory causes of importance:

**Diabetes mellitus** **6 yrs**  
**Diabetes gangrene toes left** **6/mo**  
**foot**

Name of operation **Amputation above knee** Date of **8-26-38**What test confirmed diagnosis? Was there an autopsy? **yes**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 **(DE SANTIS)**(Signed) **C. J. De Santis** M. D.(Address) **Firmin Desloge Hospital**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Wm. W. McDonald* ....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed..... *Wm. W. McDonald*

Licensed Embalmer No. *3806*

P. O. Address *St. Louis, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**