

REC'D MAR 13 1939

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

4392  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis (d) Street No. Homer G. Phillips Hospital St.  
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791  
1008

Registered No. 1085

2. PRINT FULL NAME Quiller Banks

(a) Residence, No. 3123 Franklin Avenue St. 21  
(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
45 9 - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Kinsett /  
(STATE OR COUNTRY) Arkansas

FATHER 13. NAME Joseph Coleman /

14. BIRTHPLACE (CITY OR TOWN) Unavailable /  
(STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Francis Buckley

16. BIRTHPLACE (CITY OR TOWN) Kinsett  
(STATE OR COUNTRY) Arkansas

17. INFORMANT Raymond Jackson  
(ADDRESS) 3123 Franklin Avenue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington Park DATE 2/3/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates  
(ADDRESS) 4107-09 Finney Ave

20. FILED J. B. Beck  
19 2 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1939 to Jan. 30, 1939

I last saw h. or alive on January 30th, 1939. Death is said to have occurred on the date stated above, at 2 a m.

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

Hypertensive heart disease Date of onset 1/24/39

Other contributory causes of importance

Chronic nephritis

Name of operation None Date of

What test confirmed diagnosis? clinical 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? NO

If so, specify

(Signed) H. G. Phillips, M. D.

(Address) Homer G. Phillips Hospital

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.

3031

**STATEMENT BY LICENSED EMBALMER**

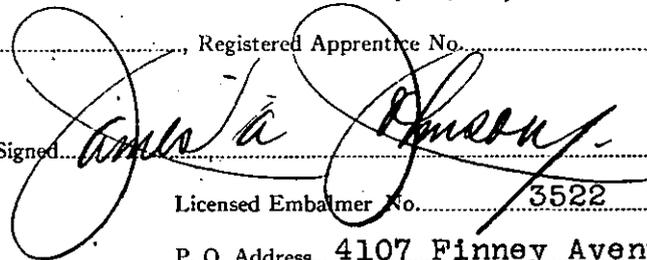
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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

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