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.

REC'D AUG 11 1939

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

Do not use this space.

791
1003

24187

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6460

City St. Louis Mo (No. St. Louis Children's Hospital Ward)

2. FULL NAME Ruby Lorraine Banks 520

(a) Residence, No. 531 N English St., NR Ward. Marshall, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Never mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 12, 1939

7. AGE: YEARS | MONTHS: 4 | DAYS: 10 days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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) (STATE OR COUNTRY): Marshall, Mo. 0

FATHER

13. NAME: Evert - Missouri 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshall Mo. 0

MOTHER

15. MAIDEN NAME: Ruby Dilley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): G. Fred Martin Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marshall Mo DATE 7/24/39 19

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED JUL 24 1939 J. E. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/28-39, 19..., to 7/21-, 1939

I last saw her alive on 7/21, 1939. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

Hydrocephalus congenital
Hemorrhagic nephrosis - left -
No stones

Date of onset: 4 mos ago

Other contributory causes of importance: 157 a

Name of operation: Bilateral choroid plexectomy Date of 7-5-39

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 .....

(Signed) L. J. Freedman, M. D.

(Address) St Louis Childrens Hospital

6460

6460

Em blank signed
VF