

STANDARD CERTIFICATE OF DEATH

State File No.

37647

DEC 13 1939

Registration District No.

1002

Primary Registration District No.

Registrar's No.

9486

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
En Route to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME William P Banning
(b) If veteran, name war None
(c) Social Security No. 570-10-5872

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 31, 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 9 5 hr. _____ min.

9. Birthplace California
(City, town, or county) (State or foreign country)

10. Usual occupation Brewer

11. Industry or business Anheuser-Busch

MOTHER FATHER { 12. Name William Banning

13. Birthplace Unknown
D (City, town, or county) (State or foreign country)

14. Maiden name Elle

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John B. O'Hara

(b) Address 4876 Bessie Ave

17. (a) Burial (b) Date thereof November 10 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Francisco California

18. (a) Signature of funeral director Poetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) NOV 6 1939 (b) J. F. Credick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4876 Bessie Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 5
year 1939 hour _____ minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of skull substance of brain
Haemorrhage of brain
Due to suffered when Plymouth
Crash down H
Due to accident run off

Other conditions Fracture of skull
(Specify prognosis within months of death)

Major findings: Fracture of skull
Of operations April 13⁰ A. M.
Nov. 5 - 1939

Of autopsy Accident

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 11/5/39

(c) Where did injury occur? St. Louis Mo
(City, town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Public place

(Specify type of place) _____
(e) Means of injury _____

While at work? _____

23. Signature Joseph M. Credick (M. D. or other)
Address Deputy Coroner Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

1 X1931

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

Signed Frank J. Swans

Licensed Embalmer No. 2245

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.