

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16054

State File No. _____

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 153

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 423 W. Jefferson 2
(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 Caroline Banks

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color of race Colored

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George Banks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov-10-1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife 9

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Henderson Groome

(b) Address 423 W. Jefferson

17. (a) Burial (b) Date thereof 5-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funer. Dickson

18. (a) Signature of funeral director Louis H. Bopp

(b) Address Kirkwood, Mo.

19. (a) MAY - 1 1940 (b) Caroline Banks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 423 W. Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January
_____, 1930, to Sept 30, 1940
that I last saw h. alive on April 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia Duration 2 yrs

Due to Grand Arterio Sclerosis

Due to 93%

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Swathwick (M. D. or other) _____

*Address Kirkwood Mo Date signed 4-30-40

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

96
5
2

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.....

Louis H. Boff

Registered Apprentice No.

working under my personal supervision.

Signed

Louis H. Boff

Licensed Embalmer No.

921

P. O. Address

Kirkwood, 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.