. 2
3-40
-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28859

FILED SEP 3 1940

Registration District No. 425 Primary Registration District No. 5580 Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) ~~City or town~~ RURAL — MERAMEC TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 MONTHS 27 DAYS (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 6531 SAN BONITA AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME NATHAN BANET 530

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife FANNIE WIESBERG

6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased JULY (Month) 17 (Day) ~~1870~~ 1873 (Year)

8. AGE: Years 67 Months NONE Days 18 If less than one day ..... hr. ..... min.

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

10. Usual occupation TAILOR (RETIRED)

11. Industry or business

FATHER
12. Name FRANK BANET
13. Birthplace RUSSIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name THERESA (?)
15. Birthplace RUSSIA (City, town, or county) (State or foreign country)

16. (a) Informant Brother Rock O.S.F.
(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Chased - Shel - Emeth - St Louis Co

18. (a) Signature of funeral director Fairmount Funeral Home
(b) Address 4469 Washington

19. (a) 5 Aug 1940 (Date received local registrar) (b) James A Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 5
year 1940 hour 11 ~~minute~~ A.M.

21. I hereby certify that I attended the deceased from Apr. 16, 1940, to Aug 5, 1940; that I last saw him alive on Aug. 5, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Broncho pneumonia	
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jesse S. Sargent (M. D. ~~or other~~)
Address Eureka Mo Date signed 8/5-40

(Licensed Embalmer's Statement on Reverse Side)

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 W. B. Drenhoudle

Licensed Embalmer No. 3669

P. O. Address 4469 Washing

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

If this body is not embalmed, fact should be so stated above.