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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26835

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 6627

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name township)

(c) Name of hospital or institution 2725 Clark Ave

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 1

(d) Street No. 2725 Clark Ave (If rural, give location) 22

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles T. Banks

3. (b) If veteran, name war _____

3. (c) Social Security No. 493-07-2079

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Dec. (Month) 22 (Day) 1890 (Year)

8. AGE: Years 50 | Months | Days | If less than one day _____ hr. _____ min.

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

10. Usual occupation Deputy Constable

11. Industry or business Unknown

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

MOTHER
14. Maiden name Carrie Reid
15. Birthplace Barnesville, Ga. (City, town, or county) (State or foreign country)

16. (a) Informant Edna M. King
(b) Address 4210 W Garfield

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Conyers, Ga.

18. (a) Signature of funeral director A. L. Beal Und.
(b) Address 2726 Lucas Ave.

19. (a) AUG 14 1941 (Date received by registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th year 1941 hour 5. minute 10 P.M.

21. I hereby certify that I attended the deceased from Dec. 1936, 194_, to Aug. 9, 1941; that I last saw him alive on Aug. 9, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to Hypertension

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 W. A. Young (M. D. or other) D

Address 7316 Amherst Date signed _____

(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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delman

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

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