

FILED SEP 21 1943 18

State File No. _____
Registrar's No. **8068**

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Infirmary 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr, 4 mo, 19 dys.**
50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **5800 Arsenal Street** (If rural, give location) **9 13**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **BANKS, James**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or Race **Col.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elnora Banks** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Oct., 5, 1891**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	51	11		hr. min.

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

10. Usual occupation **nil**

11. Industry or business **nil**

12. Name **???????**

13. Birthplace **???????** **9**

14. Maiden name **JACKSON, Etherva** (State or foreign country)

15. Birthplace **Oklahoma** (State or foreign country)

(City, town, or county) (State or foreign country)

16. (a) Informant **D.E. Basso**

(b) Address **5800 Arsenal St. St. L., Mo**

17. (a) **Burial** (b) Date thereof **9-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **SE 1943** (b) **J. J. Bredesch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4**
year **1943** hour **5:55 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 10**
1943 to **September 4, 1943**
that I last saw him alive on **Sept. 4, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart block** Duration **25 days**

Due to **Atherosclerosis, liver**

Due to **30 11/1**

Other conditions **Tuberc. Paresis spinal**
(Include pregnancy within 3 months of death) **1 year**

Major findings: **none** Of operations _____

Of autopsy **none**

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 **City Infirmary** (M. D. or other) **M.D.**

Address **City Infirmary** Date signed **9/6/43**

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

STATEMENT BY LICENSED EMBALMER

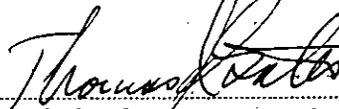
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **4059**.....

P. O. Address **4107 Finney Avenue**.....

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, fact should be so stated above.