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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32890

FILED NOV 1 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9312

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Homer G Phillips O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution [illegible] 24 hrs (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17 24

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 1315 Gay St (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Metra Banks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race C

6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 25 (Day) 1902 (Year)

8. AGE: Years 40 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Esit Stewart
13. Birthplace — (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Minnie Haley
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Estelle Gatlin

(b) Address 923 Mound St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood.

18. (a) Signature of funeral director McDowell

(b) Address 1711 N. Taylor Ave

19. (a) OCT 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18 year 1943 hour 7 minute 50 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.

	Duration
Immediate cause of death: Cerebral Apoplexy	
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 Alfred Perry (M. D. or other)

Address [illegible] Date signed 10/21/43

(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.....

William C. McDowell, Registered Apprentice No.....,

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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.