S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 2 - 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39478

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 11065

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Marys Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 26 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 11

(c) City or town St. Louis 4/8
(If outside city or town limits, write "RURAL")

(d) Street No. 2940a Scott Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Pauline Banks

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Walter Banks

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October 31, 1900
(Month) (Day) (Year)

8. AGE: Years 43 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Jefferson City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Chas. English
13. Birthplace Jefferson City (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Pace
15. Birthplace Jefferson City (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Walter Banks
(b) Address 2940a Scott Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) DEC 14 1943 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10
year 1943 hour 9 minute 15 a M.

21. I hereby certify that I attended the deceased from Dec 1, 1943, to Dec 10, 1943
that I last saw her alive on Dec 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Due to Injection

Due to

Other conditions
(Include pregnancy within 3 months of death) 100

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address 4 So. Compton Date signed 12/17/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed A. M. C. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Av

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.