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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8183

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 376

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans' Administration Facility O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Feb. 22, 1943 (Specify whether
In this community - - -
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County - 17

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

(d) Street No. 922 N. 15th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME BANKS, Johnie

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. Yes, not rem.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of ~~XXXXXX~~ wife Mrs. Mary Banks

6. (c) Age of ~~XXXXXX~~ wife if alive 37 years

7. Birth date of deceased March 6, 1893 (Month) (Day) (Year)

8. AGE: Years 50 | Months 11 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace New ellton, Louisiana. / (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business - -

FATHER
12. Name Jordan Banks,
13. Birthplace unknown Alabama / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Evans,
15. Birthplace unknown Alabama / (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling Cl. Clerk,
(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 12 44 (Month) (Day) (Year)
(c) Place: burial or cremation National

18. (a) Signature of funeral director Chas. L. & Bendis O. Howell
(b) Address 2834 Gamble St

19. (a) FEB 15 1944 (Date received local registrar) (b) E. G. McGavran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th, year 1944 hour 7:45 PM. minute ___ M.

21. I hereby certify that I attended the deceased from February 22, 1943, to February 7, 1944; that I last saw him alive on February 7, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF STOMACH,	UNKNOWN
Due to - -	
Due to - -	

Other conditions BRONCHO PNEUMONIA, NO TYPING Abt. 5-days
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

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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) No

(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? [signature] Nature of injury

23. Signature L. M. COCHRAN, M.D., O (M. D. or other)
Address Chief Medical Officer, Date signed 2-8-1944

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(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 Chas. L. Howell

Licensed Embalmer No. 7452

P. O. Address 2834 Gamble

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.