

**FILED**

**MAR 20 1946**

**STANDARD CERTIFICATE OF DEATH**

State File No. **10866**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2351**

**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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **66 days**  
(Specify whether  
in this community  
years, months or days)

3. (a) PRINT FULL NAME **Frank Clark Banks**  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Jura Banks** 6. (c) Age of husband or wife if alive **71** years  
7. Birth date of deceased **Sept. 2 1882**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **6** Days **7** If less than one day  
hr. min.

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

10. Usual occupation **Junk Dealer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jura Banks (Wife)**  
(b) Address **3415 Cook Avenue**

17. (a) **Burial** (b) Date thereof **3-12-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Peoples Und. Co.**  
(b) Address **3100 Franklin Ave**

19. (a) **MAR 9 1946** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

**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") **247**  
(d) Street No. **3415 Cook** (If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar.** day **9**  
year **1946** hour **2** minute **45** A M.

21. I hereby certify that I attended the deceased from **Jan. 3 1946** to **Mar. 9 1946**  
that I last saw him alive on **Mar. 9 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Unk**

Due to **13**

Due to \_\_\_\_\_

Other conditions **Cardiac Decompensation**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **No**

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 **0**

23. Signature **Oris J. Ayer** (M. D. or other)  
Address **2601 N. Whittier** Date signed **3/11/46**

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

9778

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**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 *Jotie G. Petrus*  
Licensed Embalmer No. *4184*  
P. O. Address *St. Louis Mo.*

**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.**