G. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
Nationals Office of Vital Statistics

FILED APR 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14824

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3805

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ mos (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20000

(c) City or town Saint Louis, Missouri 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2712 N Leffingwell 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Annie Banks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 3

5. Color or race C

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

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Sept 25 (Month) (Day) 1876 (Year)

8. AGE: Years 70 Months 6 Days 10 If less than one day hr. min.

9. Birthplace Barren Co (City, town, or county) Ky (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wesley Davidson
13. Birthplace Barren Co (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Sarah unk
15. Birthplace Barren Co (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Curtis Davidson
(b) Address 3307 Greenwood Louisville Ky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle & Son
(b) Address 3133 Bell ave

19. (a) APR 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1947 hour 12 minute 15 A M.

21. I hereby certify that I attended the deceased from 1-16, 1947, to 4-5, 1947;
that I last saw her alive on April 5, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	Undet.
Due to	0
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

167

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature Edw B Williams (M. D. or other)

Address 2601 N Whittier Date signed 4/9/47

Jefferson City Printing Co.

(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..... S J Watson

Licensed Embalmer No. 269

P. O. Address 2749 Akron

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.