S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28818

Registrar's No. 7724

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 3 days (Specify whether years, months or days)
In this community Abt 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3103 Spruce
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sam 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
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Abt 65 Months Days If less than one day hr. min.

9. Birthplace Ark (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name William Banks
13. Birthplace Ark (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Ark (City, town, or county) (State or foreign country)
16. (a) Informant Irishy Banks
(b) Address 3103 Spruce St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Jackins Bros
(b) Address 3644 Finney Ave
19. (a) AUG 14 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12 year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from Aug. 9, 1947, to Aug. 12, 1947, that I last saw him alive on Aug. 12, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pritonitis (Etiology Unknown)	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations
Of autopsy No

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

23. Signature Theodore Blevins (M. D. or other)
Address 2601 N Whittier Date signed 8/14/47

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 Not Embalmed — , Registered Apprentice No. ....., working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 28462

P. O. Address 3644 Finney Ave

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.