. 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 JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2239

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 147

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 39 days (Specify whether years, months or days)
In this community 25 years

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. 2332 Eugenia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Banks
3. (b) If veteran, name war None
3. (c) Social Security No. 490-12-00.19.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eddie Banks
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March (Month) 20 (Day) 1902 (Year)
8. AGE: Years 45 Months 9 Days 12 If less than one day hr. min.
9. Birthplace Ark (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name George Waters
13. Birthplace Miss (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Martha Mason
15. Birthplace Miss (City, town, or county) (State or foreign country)
16. (a) Informant Eddie Banks
(b) Address 2332 Eugenia st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton blvd
19. (a) JAN 6 1948 (Date received local registrar) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 2 year 1948 hour 1 minute P M.
21. I hereby certify that I attended the deceased from Nov. 24, 1947, to Jan. 2, 1948 that I last saw her alive on Jan. 2, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes Mellitus (Uncontrollable)	Undet.
Due to	
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	
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 O. L. Daniels (M. D. or other)
Address 2601 N Whittier St Date signed 1/5/48

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 Thomas Marshall Watson, Registered Apprentice No. 492, working under my personal supervision.

Signed Lydia Hughes

Licensed Embalmer No. 2938

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.