

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27489
State File No. 7314
Registrar's No.

FILED AUG 28 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St Louis
(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 2 days
(Specify whether
In this community 8 yrs
years, months or days)

3. (a) PRINT FULL NAME William Banks

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 2 5. Color or race ene 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Annie 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased June 12 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Evergreen Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charlie Banks
13. Birthplace Evergreen Ala
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Evergreen Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. A. G. Fair
(b) Address 3911 N. Market Street

17. (a) Burial (b) Date of death 8-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Ala

18. (a) Signature of funeral director J. H. Anderson
(b) Address 3138 Bellvue

19. (a) AUG 20 1948 (b) J. H. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County boo
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3911 N Market
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1948 hour 10 9 minute 10 P M.

21. I hereby certify that I attended the deceased from August 16, 1948 to August 18, 1948.
that I last saw him alive on August 18, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration Unk

Due to _____
Due to 61

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 _____

23. Signature A. L. Daniels (M. D. assistant)
Address 2601 N Whittier Date signed 8-20-48

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

MOTHER FATHER

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 Arthur L. Howard

Licensed Embalmer No. 4200

P. O. Address 8049 St. Ferdinand

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.