

FILED SEP 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27846
Registrar's No. 2661

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____	4. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairman DeLoage Hospital</u>			5. STREET ADDRESS (If rural, give location) <u>1208 Kraft</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>M.</u> c. (Last) <u>Banks</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1949</u>		
5. SEX <u>MC</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-29-71</u>		9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Busch lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Michael Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget O'Hare</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Garrison Banks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Banks 1208 Kraft Ave.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH _____
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon</u>			1 mo. post
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastases to liver</u>			

19a. DATE OF OPERATION <u>Aug. 25, 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction, carcinoma of colon with metastases</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) (STATE) <u>Hb Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>143X</u>		

22. I hereby certify that I attended the deceased from Aug 23, 1949, to Sept 3, 1949, that I last saw the deceased alive on Sept 2, 1949, and that death occurred at 6:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles S. Shewin M.D.</u>		23b. ADDRESS <u>1325 S. Grand Blvd.</u>		23c. DATE SIGNED <u>Sept 4, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (inter)</u>		24b. DATE <u>9-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lepton Ill.</u>	

DATE REC'D BY LOCAL REG. <u>SEP 4 1949</u>		REGISTRAR'S SIGNATURE <u>J.B. Jussaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauer 4728 S. Kingshighway</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.