

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

5968  
 State File No. 1323  
 Registrar's No.

318

1003

1323

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
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</u>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u>		7719
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>			e. STREET ADDRESS (If rural, give location) <u>2923<sup>a</sup> Pine</u>		
3. NAME OF DECEASED (Type or Print) <u>Ernest</u>		a. (First)	b. (Middle)	c. (Last) <u>Banks</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 7, 1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 12, 1912</u>	9. AGE (In years last birthday) <u>37</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 48 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>
13a. FATHER'S NAME <u>Bill Banks</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Banks</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Banks 2923<sup>a</sup> Pine</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Hypertrophy</u> DUE TO (c) <u>2d renal poisoning</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21. HOW DID INJURY OCCUR? <u>4343</u>	
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) _____	
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>4343</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:55 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>W. H. Perry 3 Deputy Com.</u>			23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2/8/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Feb 10, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hallendale</u>	24d. LOCATION (City, town, or county) (State) <u>Miss</u>	
DATE RECD BY LOCAL <u>FEB 10 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. A. Green 4219 Delmar</u>	

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

259  
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**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..... *J. A. Green* .....

Licensed Embalmer No. *2963* .....

P. O. Address *4214 Delmar* .....

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.