

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5839  
Registrar's No. 1342

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 5839		Registrar's No. 1342			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				2. STREET ADDRESS (If rural, give location) 2712 Leffingwell							
3. NAME OF DECEASED (Type or Print) William Banks			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1951											
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 25 - abt 80		9. AGE (In years last birthday) 70			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Mo.			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Sam Banks			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Hattie Banks					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hattie Bank 2712 Leffingwell							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia						Undet.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriolar Nephrosclerosis							
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H A 6 X							
22. I hereby certify that I attended the deceased from 2-4-51, 1951, to 2-7, 1951, that I last saw the deceased alive on 2-7, 1951, and that death occurred at 10:10 a.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Lavern W. Harris M. D.				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 2-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-12-51		24c. NAME OF CEMETERY OR CREMATORY OAK		24d. LOCATION (City, town, or county) Dale		24e. (State) Leman St Louis Co. MO			
DATE REC'D BY LOCAL REG. FEB 9 1951		REGISTRAR'S SIGNATURE J. B. Lusater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. F. Walton 2707 Standard						

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

61 PL-88

8

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 Arthur L. Heilbird

Licensed Embalmer No. 4221

P. O. Address 47402 Campbell

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.