REG'D MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

12992
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003

(b) Township or City St. Louis, Mo. Primary Registration District No. Registered No. 3334

(c) City St. Louis, Mo. (d) Street No. 1605 - Hogan St St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

520

2. PRINT FULL NAME Frank Banach

(a) Residence, No. 1605 Hogan St. St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosalie Banach

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland ?

FATHER

13. NAME Albert Banach

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland ?

MOTHER

15. MAIDEN NAME Unknown ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland ?

17. INFORMANT (ADDRESS) Wife Rosalie Banach 1605 Hogan

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/11/39, 19

19. FUNERAL DIRECTOR (NAME) Central Und. Co (ADDRESS) 1841 Cass Av.

20. FILED APR 10 1939 J. F. Bullock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8/39, 19

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to April 8, 1939

I last saw him alive on April 8, 1939. Death is said to have occurred on the date stated above, at 2 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify .....

(Signed) Stephen M. Tapper, M. D.

(Address) 729 Fred Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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, above space should be left blank.