

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

Rev. 5-17-36

41 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42015**

JAN 12 1940

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **14138**

1. PLACE OF DEATH

(a) County St. Louis Mo 3
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: En Route Home Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME John Banks 520

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color of race Col 6. (a) Single, ~~divorced~~, married, divorced Married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years abt 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business " 9

12. Name " 7

13. Birthplace " 1
(City, town, or county) (State or foreign country)

14. Maiden name " 1

15. Birthplace " 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Taberty - P.D.
(b) Address 4011 Mufflet

17. (a) (Burial, cremation, or removal) Washington (b) Date thereof 12-20-39
(Month) (Day) (Year)

18. (a) Signature of funeral director James Taberty
(b) Address 3500 Rugby

19. (a) DEC 28 1939 (b) J. D. Braddock
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 1
(c) City or town St. Louis X
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 12
year 1939 hour 7 minute 47 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Myocarditis
Due to Chronic Interstitial Nephritis
Other conditions (include pregnancy within 3 months of death) Nephritis

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) _____
(a) Means of injury 4

28. Signature James M. Taberty (M.D. or other)
Address St. Louis (Date signed)

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.....

Licensed Embalmer No.....

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.