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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1942 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28501

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7514

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 9 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 1142
(If outside city or town limits, write "RURAL")

(d) Street No. 3727a Finney
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cordelia Banks

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored 3

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased October 6, 1913
(Month) (Day) (Year)

8. AGE: Years 28 | Months 9-10 | Days 2 | If less than one day none hr. ..... min.

9. Birthplace Arkansas (City, town, or county) American 1 (State or foreign country)

10. Usual occupation Nurse

11. Industry or business Nurse

FATHER
12. Name Ella S. Banks
13. Birthplace Arkansas (City, town, or county) American 1 (State or foreign country)

MOTHER
14. Maiden name Ella S. Fossett American
15. Birthplace Arkansas (City, town, or county) American 1 (State or foreign country)

16. (a) Informant Ella Banks
(b) Address 3727a Finney Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Funeral Home
(b) Address 3704 Finney Ave.

19. (a) 9-9-42 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2, year 1942 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from June 24, 1942 to September 2, 1942; that I last saw her alive on September 2, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hodgkins Disease	2 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C. R. Merry (M. D. or other)

Address 2601 Whittier Date signed 9/4/42

(Licensed Embalmer's Statement on Reverse Side)

751A

751A

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.