

V. S. No. 2
 50M-5-42
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

Filed DEC 1 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9717**

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... **6 months**
(Specify whether years, months or days)
 In this community... **45 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000 17**
 (c) City or town **St. Louis, Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4125 W. Belle**
(If rural, give location)
 (e) Citizen of foreign country? **NO**
 If yes, name country.....

3. (a) PRINT FULL NAME **Mack Banks**
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **November** day **18**, year **1942** hour **4** minute **00** P. M.
 21. I hereby certify that I attended the deceased from **May 18**, 19**42**, to **November 18**, 19**42**;
 that I last saw him alive on **November 18**, 19**42**;
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death **Ca. of the lower lip with extension to left side of face**
 Duration **4 yrs.**

7. Birth date of deceased: **JULY 17 1870**
(Month) (Day) (Year)
 8. AGE: Years **72** Months **4** Days **1** If less than one day hr. min.

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death).....
 Major findings: Of operations.....
 Of autopsy.....

9. Birthplace **HENDERSON KY.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **NIGHT WATCHMAN**
 11. Industry or business.....

MOTHER FATHER
 12. Name **MAC K BANKS SR.**
 13. Birthplace **HENDERSON KY**
(City, town, or county) (State or foreign country)
 14. Maiden name **DOIT KNOW**
 15. Birthplace **DOIT KNOW**
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **CAROLINE BILLIPS**
 (b) Address **2957 Clark Ave**
 17. (a) **BURIAL** (b) Date thereof **11/23/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **GREENWOOD CEM.**

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) (e) Means of injury.....

18. (a) Signature of funeral director **Edward Pether**
 (b) Address **3030 Belle Ave**
 19. (a) **Nov 19 1942** (b) **J. F. Briedeck**
(Date received local registrar) (Registrar's signature)

23. Signature **C. Raymond Murray** (M. D. or other)
 Address **2601 W. 11th** Date signed **11/19/42**

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

MAR 10 1943

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.