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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11884

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 736

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural: Airport Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution JEWISH SANATORIUM (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town University City (If outside city or town limits, write "RURAL") 5

(d) Street No. 730 Interdrive (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Regina Banashek

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 73 years

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

8. AGE:	Years	Months	Days	If less than one day
about	72	--	--	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland (State or foreign country)

16. (a) Informant Julius Banashek

(b) Address 7451 Tulane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-1947 (Month) (Day) (Year)

(c) Place: burial or cremation B'NAI Amoona

18. (a) Signature of funeral director Herman Kindshopf

(b) Address 5216 Delmar Blvd.

19. (a) 4-1-47 (Date received local registrar) (b) Cecil A. Shoop MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 27, 1947, to March 29, 1947; that I last saw her alive on March 29, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral hemorrhage	sudden death
Due to general and cerebral arterio-sclerosis	about 15 years
Due to 61	
Other conditions Hypertensive Heart disease diabetes (Include pregnancy within 3 months of death)	many years 30 years

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 0

23. Signature Felix Simon (M. D. or other)

Address JEWISH SANATORIUM Date signed 3/29/47

(Licensed Embalmer's Statement on Reverse Side) ROBERTSON, MO.

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, fact should be so stated above.