

FILED JAN 13 1948

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 51

1. PLACE OF DEATH:

(a) County ST LOUIS  
 (b) City or town CLAYTON  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
ST. LOUIS COUNTY HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 years, months or days) 57 YRS

3. (a) PRINT FULL NAME SOPHIA M. BANKS

3. (b) If veteran, name war N 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife JASPER C. BANKS  
 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased APRIL-28-1869  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 8 9 — hr. — min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name CHARLES BUSCH  
 13. Birthplace UNKNOWN GERMANY  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN  
 15. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)

16. (a) Informant VIRGINIA M. BANKS  
 (b) Address 7301-RICHMOND PL.

17. (a) BURIAL (b) Date thereof JAN-9-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES, ILL.

18. (a) Signature of funeral director Parker and Co  
 (b) Address WEBSTER GROVES, MO.

19. (a) 1-8-48 (b) Beulah J. ...  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
 (c) City or town MAPLEWOOD  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 7301 RICHMOND PL.  
 (If rural, give location)  
 (e) Citizen of foreign country? — (Yes or No)  
 If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
 year 1948 hour — minute — M.

21. I hereby certify that I attended the deceased from JUNE 6, 1944, to 4/21/47, 19—;  
 that I last saw her alive on 4/21/47, 19—;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hour

Due to Hypertensive Cardiovascular Disease YRS  
 (BP 210/110 or thereabouts constantly)

Other conditions 930  
 (Include pregnancy within 3 months of death)  
Generalized Hypertrophic Arthritis YES

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) (e) Means of injury —

23. Signature John King (M. D. or other) —  
 Address 621 E Big Bend Rd Date signed 1/7/48

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

MOTHER FATHER

MAR 22 1948

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**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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves T

**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.**