. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33890

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9335

1. PLACE OF DEATH:
(a) ~~County~~ St Louis Mo.
(b) City or town 4351 St Ferdinand
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4351 St Ferdinand
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ca
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4351 St Ferdinand 9
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Cheveland Bank.
3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Florance Bank
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec (Month) 10 (Day) 1880 (Year)

8. AGE: Years 39 Months 10 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Benton Mississippi 1
(City, town, or county) (State or foreign country)
10. Usual occupation Building Trade.
11. Industry or business
FATHER
12. Name James Bank
13. Birthplace Miss. 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Julia Bank
15. Birthplace Miss 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Florance Bank
(b) Address 4351 St Ferdinand Ave.
17. (a) Burial (b) Date thereof 11/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cemetery
18. (a) Signature of funeral director Herman Smith
(b) Address 4247 W. Lab Ave
19. (a) OCT 28 1948 (b) J. B. Kasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1948 hour 5, 30 minute a M.
21. I hereby certify that I attended the deceased from 10/27
1948 to 10/27 1948
that I last saw him alive on October 27 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	Recent
Arterio Sclerosis	
Due to Post Operative	
Gall Bladder - Disease	8 weeks
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 S. E. Moore (M.D. or other)
Address 809 N Jefferson Date signed 10/27/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Nil

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 Lawrence E. Woodman

Licensed Embalmer No. 4341

P. O. Address St Louis 13 Mo

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.