

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1801 Brown
3147 1/2 Jeff, 1935
-1-3

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791
1003

34083

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *1907*, *Utah St*)

File No.....
Registered No. *8504*
St. Ward)

2. FULL NAME

Albert Banstetter

(a) Residence, No. *1907 Utah St* St. *24* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mamie Banstetter</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 10th 1879</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>4</i>
	DAYS <i>289</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Watchman</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
MOTHER	13. NAME <i>Albert Banstetter</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
	15. MAIDEN NAME <i>Herritta J. Ippen</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Mamie Banstetter 1907 Utah St</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>Oct 11th 1935</i>		
19. UNDERTAKER (ADDRESS) <i>W. B. Bredeck 10 1/2 2301 South Grand Blvd</i>		
20. FILED 19..... <i>J. Bredeck</i> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 9* 19 *35*

22. I HEREBY CERTIFY, That I attended deceased from *Aug. 7* 19 *35*, *Oct. 9* 19 *35*
I last saw h. *alive* on *Oct 9* 19 *35* Death is said to have occurred on the date stated above, at *11:35 P.M.*
The principal cause of death and related causes of importance were as follows:
Date of onset

Carcinoma of right lung 3 mos.

Other contributory causes of importance:
Cirrhosis of liver 1 yr.

Name of operation..... Date of.....
What test confirmed diagnosis? *clinical* Was there an autopsy? *X*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No.*
If so, specify.....
(Signed) *P. Banstetter*, M. D.
(Address) *3147 1/2 Jeff. Ave.*

