

RECD MAR 24 1938

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

8216  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 96  
 (b) Township Meacham Park Primary Registration District No. 311 Brooklyn St  
 (c) City Kirkwood Mo Meacham Park (d) Street No. 311 Brooklyn St  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roxie Stewart Banister 52.3  
 (a) Residence, No. 311 Brooklyn St Meacham Park Mo. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE Colored  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alexander Banister  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 45

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-keeper

9. Industry or business in which work was done, as 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) Collinsville Tenn.

13. NAME Henry McDowell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Sallie Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Satago Miss.

17. INFORMANT (ADDRESS) Alexander Banister Kirkwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Washington, Park Feb 12th 38  
A. L. Beal and Co

19. FUNERAL DIRECTOR (ADDRESS) 2725 Lucas Ave

20. FILED 2-12 1938 J. R. Meyer M.D. Sec'y  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 11 38 to 2/8 38, 1938  
 I last saw him alive on 2/8 38, 1938 Death is said to have occurred on the date stated above, at 11 m.  
 The principal cause of death and related causes of importance were as follows:

apoplexy  
 Date of onset 1 day  
 Other contributory causes of importance: Nephritis (chron 1 yr) Interstitial

Name of operation none Date of 1

What test confirmed diagnosis? none Was there an autopsy? 1

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 1 Date of injury 1938  
Where did injury occur? 1 (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 1  
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 1  
(Signed) D. E. Taylor, M. D.  
(Address) 2106 Chancery

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.

JUN 23 1954

JUN 16 1954

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

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.)