V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 4062 1879

Registration District No. 791 1

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Belnoir is NR 0
(If outside city or town limits, write "RURAL")

(d) Street No. 2828 Wakonda Drive
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert Merle Banta

3. (b) If veteran, name war unknown

3. (c) Social Security No. 497-07-0848

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Vivien Mae Banta

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June (Month) 10 (Day) 1904 (Year)

8. AGE: Years 37 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Steel electric Supt.

11. Industry or business

FATHER 12. Name William Ivan Banta

13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Beulah Mason

15. Birthplace unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Vivien M. Banta

(b) Address 2828 Wakonda Drive, Belnoir, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 2, 1942. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blv'd., St. Louis

19. (a) FEB 28 1942 (Date received local registrar) (b) J. R. Medick (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1942 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Depressed fracture of skull, laceration of brain when he fell from his trap

Due to a little derelection

Due to Spraine of the new power plant at Venice Ill.

Other conditions Feb. 27 1942 about 4:20 O'clock pm
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1862
Of autopsy 7

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) Accident

(b) Date of occurrence Feb 27 1942

(c) Where did injury occur? Ellmaine (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industry 3

While at work? Yes (Specify type of place) (e) Means of injury Fall.

23. Signature Alfred G. Perry (M. D. or other)

Address Deputy Coroner Date signed 2/28/42

Coroner

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. Clarence H. Munro

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.