

No. 2
9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

388360

State File No.

FILED DEC 2 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9879

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
6186 Waterman Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6186 Waterman
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Edward Walter Banister

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Eva Stark Banister

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

7. Birth date of deceased October 9 - 1856
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day

90 1 7 ..hr.min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Attorney at law

11. Industry or business.....

12. Name John B. Banister

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

14. Maiden name Miriam Voisey

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

16. (a) Informant Mrs. R.H. McRoberts

(b) Address 42 Crestwood, Clayton, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof NOV. 20, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

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

(b) Address 7233 Delmar Blvd

19. (a) (Date received) NOV 14 1946 (Registrar's signature) J. F. Brebeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th
year 1946 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 20, 1946 to 11/16/46

that I last saw him alive on 11/16/46 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure
Acute myocardial infarction

Duration.....

Due to.....

Due to Infectious disease
Chronic Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....

Of autopsy.....

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).....

(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 P.E. Kutschick (M. D. or other).....
Address 3720 Washington St. St. Louis Date signed 11/16/46

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

MOTHER, FATHER

Dr. F. E. Kubitschek.
3720 Washington
NE 0375
2 to 5 P.M. (Except Sat)

JUN 15 1948

JUN 17 1948

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 *Raymond L. Morris*
Licensed Embalmer No. *4390*
P. O. Address *Maplewood*

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.