

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14332
State File No. 3544
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		CITY (If outside corporate limits, write RURAL and give township) Maplewood		4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 2619 Sutton Ave.			
3. NAME OF DECEASED (Type or Print) PAUL		a. (First) _____		b. (Middle) S		c. (Last) BANTA	
4. DATE OF DEATH		(Month) _____ (Day) Apr. 16		(Year) 1950			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Apr. 23, 1885	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR 11 Months 23 Days		IF UNDER 24 HRS. _____ Hours _____ Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Serv. Co.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John J. Banta		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Allie Banta			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 494-01-0628		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Allie Banta, 2619 Sutton Ave., Maplewood, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 2 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 4-13-50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach (Pylorus)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X			
22. I hereby certify that I attended the deceased from 2-10 , 19 50 , to 4-16 , 19 50 , that I last saw the deceased alive on 4-16 , 19 50 , and that death occurred at 10 m.; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. Hyland M.D.				23b. ADDRESS 3903 Park Ave.		23c. DATE SIGNED 4-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-17-1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Ceme.		24d. LOCATION (City, town, or county) (State) St. Clair, Mo.	
DATE REC'D BY LOCAL REG. APR 18 1950		REGISTRAR'S SIGNATURE J. B. Basater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, 450 Manchester Ave., Maplewood 17, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Allen Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *St. Louis*

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.