FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32149

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2224

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemay
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8711 S.Grand ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 86 Lemay 4860
d. STREET ADDRESS (If rural, give location) 8711 S.Grand ave. 0

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) J. c. (Last) Banner
4. DATE OF DEATH (Month) (Day) (Year) Septemner 16 1950
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH December 23,1879
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY St.L.Bank & Eqpment Co.
11. BIRTHPLACE (State or foreign country) Hungary 8
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Johanna Unknown
14. NAME OF HUSBAND OR WIFE Minnie Banner 8711 S.Grand av
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs.Minnie Banner 8711 S.Grand ave.Lemay,M

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 2yrs
DUE TO (c) Hypertension — 2yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 15, 1948, *to* Sept 16, 1950 *that I last saw the deceased alive on* Sept 15, 1950, *and that death occurred at* 5.15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M D
23b. ADDRESS 3014 S. Jefferson
23c. DATE SIGNED Sept 18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept.20,1950
24c. NAME OF CEMETERY OR CREMATORY Mt.Hope Cemetery
24d. LOCATION (City, town, or county) (State) 1215 Lemay Ferry Road Lemay,Mo

DATE REC'D BY LOCAL REG. 9-19-50
REGISTRAR'S SIGNATURE Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.Hoffmeister U.&.L.Co. 7814 S.Broadway

RWR (Licensed Embalmer's Statement on Reverse Side)

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

Pr. 6821

10 m
11-1 8 m

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 _____ Student Embalmer No. _____ working under my personal supervision.

Student .....
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

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.