

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 6709

Registrar's No. 1514

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 6709		Registrar's No. 1514					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____									
b. CITY OR TOWN <i>St Louis MO</i>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <i>St Louis MO 2219</i>									
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>				STREET ADDRESS (If rural, give location) <i>2910 Pine Street</i>									
3. NAME OF DECEASED (Type or Print) <i>Banister</i>			a. (First)			b. (Middle)			c. (Last) <i>Tate</i>				
4. DATE OF DEATH <i>Feb. 9 1951</i>			Month			Day			Year				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Cold</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Feb 1-1894</i>		9. AGE (In years last birthday) <i>57</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>3</i>		IF UNDER 4 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <i>Marvell Ark</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Not known</i>				13b. MOTHER'S MAIDEN NAME <i>Jabie Stewart</i>				14. NAME OF HUSBAND OR WIFE <i>Not known</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <i>Aslee Williams</i> ADDRESS <i>2910 Pine St</i>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <i>Myocardial Infarction</i></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Undetermined</i></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i></p>										<i>Undet.</i>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H2O1</i>									
22. I hereby certify that I attended the deceased from <i>2-5</i> , 1951, to <i>2-9</i> , 1951, that I last saw the deceased alive on <i>2-9</i> , 1951, and that death occurred at <i>11:15 a.m.</i> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <i>Larson W. Harris D.O.</i>				23b. ADDRESS <i>2601 N Whittier St</i>				23c. DATE SIGNED <i>2-9-51</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>2-15-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Dale Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis MO</i>							
DATE REC'D BY LOCAL REG. <i>FEB 1 1951</i>		REGISTRAR'S SIGNATURE <i>J. B. Luster</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>A. G. Beal</i> ADDRESS <i>4303 Delmar</i>							

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

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 Arthur P. Heilliard

Licensed Embalmer No. 42,211

P. O. Address 1740 Campbell

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.