No. 300
10-48

FILED APR 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16586

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 508 Registrar's No. 1117

1. PLACE OF DEATH
a. COUNTY: Villa Gem St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-St. Ferdinand
c. LENGTH OF STAY (In this place): 2 yrs. 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Villa Gem

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): Rural - St. Ferdinand
d. STREET ADDRESS (If rural, give location): 11755 Riverview Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Sister
b. (Middle): Mary Lagovine
c. (Last): Banty

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 26, 1869
9. AGE (In years last birthday): 83 — If under 1 year: Months 3, Days 22 — If under 1 hr.: Hours —, Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teaching
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (City and State or Foreign Country): Naperville, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A
13a. FATHER'S NAME: John Banty
13b. MOTHER'S MAIDEN NAME: Mary Ann Gaffer
14. NAME OF HUSBAND OR WIFE: Unmarried
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Sister Mary Loyola — ADDRESS: 11755 Riverview Dr. St. Louis

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) Myocarditis Acute — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertrophic cardiovascular disease — 10 yrs.
DUE TO (c) Influenza — 1 month

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443X
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* Apr. *, 19*48*, to* 4-17 *, 19*53*, that I last saw the deceased alive on* 4-14 *, 19*53*, and that death occurred at* 8:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: John [illegible] (Degree or title): MD
23b. ADDRESS: 832 N. Broadway
23c. DATE SIGNED: 4-18-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: Villa Gem
24d. LOCATION (City, town, or county) (State): 11755 Riverview Drive, Missouri

DATE REC'D BY LOCAL REG.: 4-18-53
REGISTRAR'S SIGNATURE: Herbert R. Donk - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Ted Tendler Fun. Home 7420 Michigan
(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7629 Michig

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

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