19 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30234

Registration District No. 784 | Primary Registration District No. 111 | Registrar's No. 1487

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Rich. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)
In this community

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. 5526 Maple
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD J. BANKER. 526

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased March (Month) 4th (Day) 1866 (Year)

8. AGE: Years 73 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Jeweler.

MOTHER FATHER

12. Name John H. Banker

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

14. Maiden name Mary (unknown)

15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Louis Barklage

(b) Address 6185 Kingsbury, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 / 21 / 39 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

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

(b) Address 7233 Delmar Blvd., University City

19. (a) AUG 19 1939 (Date received local registrar) (b) C.R. Meyer Mother (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19. 39 year hour 9:45 minute a. M.

21. I hereby certify that I attended the deceased from July 3. 39 Aug. 19 39, to 19, that I last saw him alive on Aug 18 19 39 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma 4 b	
Due to Duodenum - 3	
Due to Portion with	
Obstruction	
Other conditions (Include pregnancy within 3 months of death) Hypokalemia	
Major findings: Of operations Jan 1 Pax Roux Go enterostomy performed See above	
Of autopsy	

PHYSICIAN — Underline 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Carleton Bldg Date signed 8-19-39

(Licensed Embalmer's Statement on Reverse Side)

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 Don K Mucheny, Registered Apprentice No. 219 working under my personal supervision.

Signed Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis, M

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

If this body is not embalmed, above space should be left blank.