

S. No. 2
M-5-43
7. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14491

FILED MAY 2 1946
318

State File No. _____
Registrar's No. 3834

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00-0
(c) City or town St. Louis, 5-17
(d) Street No. 6186 Waterman Ave. 9
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Eva Stark Banister, Jr.
3. (b) If veteran, name war. no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1946 hour 4:15 minute A. M.
21. I hereby certify that I attended the deceased from Jan 15, 1946, to April 26, 1946
that I last saw her alive on April 25, 1946
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward W. Banister, Jr.
6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased Nov. 5 1871
(Month) (Day) (Year)

Immediate cause of death
Cerebral hemorrhage
Due to vascular hypertension
Diabetes mellitus
Duration 3 days
9 years 18 yrs

8. AGE: Years Months Days If less than one day
74 5 21 hr. min.

9. Birthplace Andover, Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William Stark.
13. Birthplace Colebridge, Scotland.

14. Maiden name Helen Elizabeth Anderson.
15. Birthplace Andover, Mass.

16. (a) Informant Mrs. R. H. McRoberts.

(b) Address 42 Crestwood

17. (a) Burial (b) Date thereof 4-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BeValhalla's Cametery

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

(b) Address 7233 Delmar Blvd.

19. (a) APR 27 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

Other conditions _____
Major findings: Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature E. J. [unclear] (M. D. or other) _____
Address 114 N. Taylor Date signed 4/26/46

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

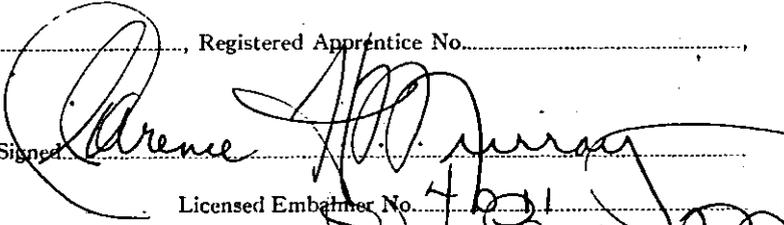
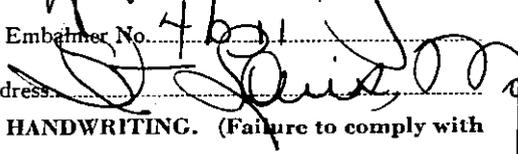
MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Jean Stewart
114 No. Taylor
SE 8600
1 to 4 P.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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed  Clarence Murray
Licensed Embalmer No. 7021
P. O. Address. 

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.