

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **36590**  
Registrar's No. **2668**

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Lairmore Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **At Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days)  
In this community **10 Yr.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **Lairmore Mo. Baden Station**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Baden Station R. 3 Box**  
(If rural, give location)  
(e) Citizen of foreign country? **None** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Elizabeth Banker**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Oct.** day **28** year **1947** hour **8-55** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Jan 10 1943** to **Oct 26 1947** that I last saw her alive on **Oct 28 47** and that death occurred on the date and hour stated above.  
Duration \_\_\_\_\_  
Immediate cause of death \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **George Banker** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased: **Sept. 23 1870**  
(Month) (Day) (Year)

Due to **Chronic myocardial disease**  
Due to **432**  
Other conditions **Chronic arteriosclerosis**  
(Include pregnancy within 3 months of death)  
PHYSICIAN \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	<b>77</b>	<b>1</b>	<b>5</b>	hr. _____ min. _____

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_  
12. Name **Joe. Banker**  
13. Birthplace **New York**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **George Banker**  
(b) Address **Baden Station R. 3**  
17. (a) **Burial** (b) Date thereof **Oct. 31 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**  
18. (a) Signature of funeral director **Diedrich T. Hauer**  
(b) Address **8319. Hall's Ferry Rd.**  
19. (a) **10-30-47** (b) **Beulah G. Hauer**  
(Date received local registrar) (Registrar's signature)

Major findings: **none**  
Of operations \_\_\_\_\_  
Of autopsy **no**  
22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **none**  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? **none** (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no injury** (Specify type of place)  
While at work? **none** (e) Means of injury \_\_\_\_\_  
23. Signature **M. F. Norman**  
Address **2738 N. Grand** Date signed **10-29-47**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Mrs. M. J. Norman attests  
2739 N. Grand Blvd

MOTHER FATHER

**2739 N. Grand**

NOV 18 1961

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 John J. Dennehy  
Licensed Embalmer No. 4194

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.