

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10137**
Registrar's No. **2240**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** **2189**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital**

d. STREET ADDRESS (If rural, give location) **2917 Rutger**

3. NAME OF DECEASED
a. (First) **Lillie**
b. (Middle) _____
c. (Last) **Banister**

4. DATE OF DEATH **March 2 1950**

5. SEX **Female**

6. COLOR OR RACE **Colored**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Wid.**

8. DATE OF BIRTH **Jan. 16, 1862**

9. AGE (In years last birthday) **88**
IF UNDER 1 YEAR: Months **1** Days **16**
IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (State or foreign country) **Missouri**

12. CITIZEN OF WHAT COUNTRY? **U S A**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Lucinda Williams**

14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME **Lizzie Preston** ADDRESS **2917 Rutger**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
Arteriosclerotic Heart Disease with Congestive Failure
INTERVAL BETWEEN ONSET AND DEATH **Undet**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES **Undet.**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS **None**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) **Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 **2-27**, 19 **50**, to **3-2**, 19 **50**, that I last saw the deceased alive on **3-2**, 19 **50**, and that death occurred at **5:20p** m., from the causes and on the date stated above.

23a. SIGNATURE **James J. Hedrick** (Degree or title) _____

23b. ADDRESS **2601 N Whittier St**

23c. DATE SIGNED **3-6-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____

24b. DATE **3/8/50**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAR 9 1950** REGISTRAR'S SIGNATURE **J. B. Sasata**

25. FUNERAL DIRECTOR'S SIGNATURE **Buster Walker** ADDRESS **3506 Franklin,**

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

J. Frank

Signed.....
Student Embalmer

Licensed Embalmer No. *4441*

P. O. Address *3506 Frankl*

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.