

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

#117183

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10841

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 10841		
1. PLACE OF DEATH a. COUNTY 0					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2169					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.					16. STREET ADDRESS (If rural, give location) 4236 Connecticut					
3. NAME OF DECEASED a. (First) KATHERINE			b. (Middle)		c. (Last) BANNES		4. DATE OF DEATH (Month) (Day) (Year) December 16, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH May 7, 1869		9. AGE (in years last birthday) 81		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Betholda, Illinois /			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Paul Wachter			13b. MOTHER'S MAIDEN NAME Unknown Deckelman			14. NAME OF HUSBAND OR WIFE Lorenz				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Lorenz Bannes - Rt. #9 Box #150 Lemay, MO.						
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) general arteriosclerosis  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							INTERVAL BETWEEN ONSET AND DEATH 6 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X						
22. I hereby certify that I attended the deceased from 12/1/50 19___, to 12/16/50 19___, that I last saw the deceased alive on 12/16/50 19___, and that death occurred at 9:05pm m., from the causes and on the date stated above.										
23a. SIGNATURE Gary B. Nord M.D. (Degree or title)					23b. ADDRESS 1515 Lafayette Ave.,			23c. DATE SIGNED 12/18/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/20/50		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. DEC 19 1950		REGISTRAR'S SIGNATURE J. B. Casner			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wacker-Helderb 3634 Gravois					

WRITE PLAINLY—USING UNFAADING 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.....

*Frank J. McLaughlin*

Signed.....

Student Embalmer

Licensed Embalmer No. *2645*

P. O. Address *St. Louis*

**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.