

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17363**

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

4002 0

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1071

PLACE OF DEATH
 a. COUNTY St. Louis County
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton Mo.
 c. LENGTH OF STAY (In this place) 2 DYS
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY St. Louis
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4773
 d. STREET ADDRESS (If rural, give location) 408 Meacham St.

3. NAME OF DECEASED
 a. (First) Alex b. (Middle) Bannister c. (Last) Bannister

4. DATE OF DEATH (Month) (Day) (Year) 5-5-54

5. SEX Male **6. COLOR OR RACE** Col. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH Dec. 25, 1886 **9. AGE** (In years last birthday) 67 **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Truck Driver **10b. KIND OF BUSINESS OR INDUSTRY** Truck Driver

11. BIRTHPLACE (City and State or Foreign Country) Va. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Alexander Bannister **13b. MOTHER'S MAIDEN NAME** Mary Redman **14. NAME OF HUSBAND OR WIFE** Tillie Bannister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. **16. SOCIAL SECURITY NO.** 492-03-5573 **17. INFORMANT'S SIGNATURE OR NAME** Tillie Bannister **ADDRESS** 408 Meacham St.

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Rt. Lower lobe of Lung
 ANTECEDENT CAUSES
 Morbid 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 Carcinoma of Prostate
 Conditions contributing to the death but not related to the disease or condition causing death. Phlebitis of Rt. Kidney

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)** _____

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 5-4, 1954, to 5-5, 1954, that I last saw the deceased alive on 5-6, 1954, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur T. Jones, M.P. **23b. ADDRESS** 601 S. Brentwood **23c. DATE SIGNED** May 5, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** May 10, 1954 **24c. NAME OF CEMETERY OR CREMATORY** Father Dickson **24d. LOCATION** (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 5/6/54 **REGISTRAR'S SIGNATURE** Robert K. Amberg **25. FUNERAL DIRECTOR'S SIGNATURE** John W. Hemphill **ADDRESS** 408 S. Millmore St. Kirkwood 22, Mo.

(Licensed Embalmer's Statement on Reverse Side)

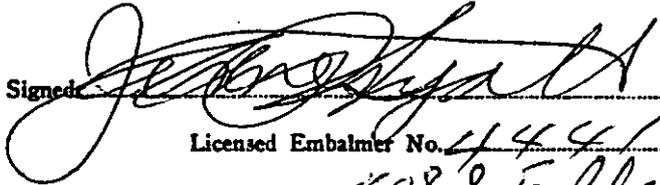
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed 

Licensed Embalmer No. 14441

P. O. Address 408 1/2 Fallmore

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.