

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9328**  
**2209**

318 1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH  
a. COUNTY

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

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

c. CITY OR TOWN  
**ST LOUIS**

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**4019 COOK AVE**

e. STREET ADDRESS (If rural, give location)  
**4019 COOK AVE 2119**

3. NAME OF DECEASED  
a. (First) **MR DEWEY**  
b. (Middle) **BANISTER**  
c. (Last)

4. DATE OF DEATH  
(Month) (Day) (Year)  
**3-8-1955**

5. SEX  
**MALE**

6. COLOR OR RACE  
**NEGRO**

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

8. DATE OF BIRTH  
**5-19-1903**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**ELEVATOR OPERATOR**

10b. KIND OF BUSINESS OR INDUSTRY  
**YWCA**

11. BIRTHPLACE (City and State or Foreign Country)  
**PINE BLUFF, ARK.**

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

13a. FATHER'S NAME  
**CHARLIE BANISTER**

13b. MOTHER'S MAIDEN NAME  
**ELLEN BONES**

14. NAME OF HUSBAND OR WIFE  
**MRS OLLIE BANISTER**

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.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**Ollie Banister 4019 Cook Ave**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)  
**Coronary Heart Disease**  
INTERVAL BETWEEN ONSET AND DEATH  
  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Hypertension**  
DUE TO (c)  
  
II. OTHER SIGNIFICANT CONDITIONS  
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)

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

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
**4201**

22. I hereby certify that I attended the deceased from **Nov 6, 1955**, to **Mar 8, 1955**, that I last saw the deceased alive on **Mar 8, 1955**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
**A. B. Howell M.D.**

23b. ADDRESS  
**2902 Faclide**

23c. DATE SIGNED  
**3/11/55**

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

24b. DATE  
**3-12-55**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)  
**PINE BLUFF ARK**

DATE REC'D BY LOCAL REG.  
**MAR 10 1955**

REGISTRAR'S SIGNATURE  
**Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
**Bennie Love 3103 Washington**

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *4575 Old*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.