

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1957

318

1003

State File No. 14441

Registrar's No. 4221

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4221	
1. PLACE OF DEATH a. COUNTY <i>Home of The Friendless</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS, MO</i>		c. LENGTH OF STAY (in this place) <i>3 years</i>		c. CITY OR TOWN <i>St. Louis MO</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home of The Friendless 2157</i>				e. STREET ADDRESS (If rural, give location) <i>4431 South Broadway</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Johanna</i>		b. (Middle) <i>A</i>		c. (Last) <i>Banker</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 2 1957</i>	
5. SEX <i>F</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>		8. DATE OF BIRTH <i>Oct 12, 1873</i>	
9. AGE (In years last birthday) <i>83</i>		IF UNDER 1 YEAR Months <i>6</i> Days <i>20</i>		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>HERMANN MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Franz Gaebler</i>		13b. MOTHER'S MAIDEN NAME <i>Emilie Renneberger</i>		14. NAME OF HUSBAND OR WIFE <i>F. A. Banker</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Mabel Houseman 4431 So. Broadway</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Gen'l arteriosclerosis</i> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <i>332+</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i> <i>25 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <i>2</i> YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June</i> , 1954, to <i>May 2</i> , 1957, that I last saw the deceased alive on <i>April 30</i> , 1957, and that death occurred at <i>1:30 A.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>John B. Shapleigh M.D.</i>				23b. ADDRESS <i>3720 Washington</i>		23c. DATE SIGNED <i>5/3/57</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-6-1957</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>MAY 3 '57</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Hoffmeister Colonial Mortuary 646 1/2 Chippewa Street, St. Louis, Missouri</i>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 5

(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.....  
Signature of Student Embalmer

Signed *Bill C. Branson*.....

Licensed Embalmer No. *4764*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.