

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014653
STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. _____ Primary Registration District No. _____ Registrar No. 3826

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in 1b		d. STREET ADDRESS 716 Allen	
3. NAME OF DECEASED (Type or print) First LON Middle EDWARD Last BANNISTER			4. DATE OF DEATH Month April Day 15 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 10, 1937	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Soda Truck		11. BIRTHPLACE (City and state or country) Flat River, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Dewey Bannister		13b. MOTHER'S MAIDEN NAME Carrie Mueller	
13c. 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) No		16. SOCIAL SECURITY NO. Unk	
17. INFORMANT 716 Allen Dewey Bannister, St. Louis, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple internal injuries including (1) Cerebral contusions and diffuse subarachnoid hemorrhage; (2) Hemorrhagic pleural effusions with atelectasis; (3) Aspiration of blood; (4) Ruptured spleen with intra-abdominal and retroperitoneal hemorrhage; suffered in collision between car operated by deceased and car operated by one Martin Meltzer, at the intersection of Ann & Menard about 9:10 P.M. 4-14-59			
19. INTERVAL BETWEEN ONSET AND DEATH		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See Above			
20c. TIME OF INJURY Hour 9:10 p.m. Month, Day, Year 4-14-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 234 On street			
20e. CITY, TOWN, OR LOCATION St. Louis, Mo.		20f. COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 8:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 4/18/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4-16-1959		23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
23d. LOCATION (City, town, or county) Leadington Mo.		24. FUNERAL DIRECTOR Caldwell, Flat River, Mo.		25. DATE RECD. BY LOCAL REG. APR 18 '59	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27. (Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
6

394
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

789B

MAY 21 1955

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 *Lawrence M. Bello*
Licensed Embalmer No. *4375*
P. O. Address *St. Louis, 2376*

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.