

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

JAN 8 1935

43121

1. PLACE OF DEATH

County Jackson  
Township Law  
City St. Louis

Registration District No. 1002  
Primary Registration District No. Trinity Lutheran Hosp

File No. \_\_\_\_\_  
Registered No. 5507 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 317 W 4th St., Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watertown N.Y.

13. NAME Charles W Bannister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Annie Gansney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Edward Bannister 641 W Parkmount

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec 24 1934

19. UNDERTAKER (ADDRESS) Proxenos Corp 2 W 4th

20. FILED 12 23 1934 M. M. Crowe Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1934 to \_\_\_\_\_, 1934

I last saw him alive on \_\_\_\_\_, 1934. Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Gunshot wound, abd. Date of onset \_\_\_\_\_

Localized Peritonitis

Other contributory causes of importance: Ch. valvula 10/12

10/12

Name of operation Laparotomy Date of \_\_\_\_\_ 12/21/34

What test confirmed diagnosis? Diagnosis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 12/22/34

Where did injury occur? 317 W 4th St. Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Gunshot wound, abd

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Signed) Russell W Ferr (Address) Deputy Coroner Keller

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