

CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3486**

DO NOT WRITE ON THIS STUB

9. **1**

10a. **60**

10b.

11. **0**

12. **1**

13. **401 X**

14.

15. **4**

16.

17.

18. **0**

19. CREDITS

20.

VS 300
Rev. 1/70

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

| | | | |
|--|--|---|---|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. Carrie Bannister | | 2. Female | 3. April 10, 1971 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) MOS. DAYS | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. |
| 4. White | 5b. 60 | 5c. | 5d. |
| 6. St. Louis | 7c. yes | DATE OF BIRTH (MONTH, DAY, YEAR) 6. Dec. 9, 1910 | |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| 7b. St. Louis | | 7d. City Hospital # 1 DOA | |
| 8. Missouri | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) |
| 9. USA | 10. Married | 11. Dewey Bannister | |
| 12. 496-20-9299 | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | KIND OF BUSINESS OR INDUSTRY | |
| 13a. Assembler | 13b. Factory | | |
| RESIDENCE—STATE COUNTY | CITY, TOWN, OR LOCATION | INSIDE-CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER |
| 14a. Missouri | 14b. St. Louis | 14c. yes | 14d. 3705A Oregon |
| FATHER—NAME FIRST MIDDLE LAST | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | |
| 15. Lon Mueller | 16. Dora George | | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 17a. Dewey Bannister | | 17b. 3705A Oregon St. Louis, Missouri | |
| PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| 18. IMMEDIATE CAUSE (a) Hypertensive Vascular Disease | | | 6 years |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | |
| (b) | | | |
| (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | AUTOPSY (YES OR NO) 19a. NO |
| | | | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |
| 20a. | 20b. | 20c. | 20d. |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20f. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN |
| 20e. | 20g. | 20h. | 20i. |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON | I DID/DID NOT VIEW THE BODY AFTER DEATH. |
| 21a. 3-13-64 | 21b. 4-10-71 | 21c. 4-2-71 | 21d. NO |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | HOUR OF DEATH | THE DECEASED WAS PRONOUNCED DEAD | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 22a. | 22b. | 22c. | 22d. |
| CERTIFIER—NAME (TYPE OR PRINT) | SIGNATURE | DEGREE OR TITLE | DATE SIGNED (MONTH, DAY, YEAR) |
| 23a. O TEY S. JONES | 23b. <i>Otey S. Jones MD</i> | 23c. MD | 23d. 4-20-71 |
| MAILING ADDRESS—CERTIFIER | STREET OR R.F.D. NO. CITY OR TOWN STATE | | |
| 23a. 3616 S. BROADWAY | 23b. ST. LOUIS, MO. 63118 | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | LOCATION | CITY OR TOWN STATE |
| 24a. Removal | 24b. Woodlawn | 24c. Flat River, Missouri | 24d. |
| DATE (MONTH, DAY, YEAR) | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OF TOWN, STATE, ZIP) | | |
| 24a. April 13, 1971 | 24b. Caldwell Funeral Home Flat River, Missouri | | |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | |
| 25a. <i>James S. Creason</i> | 25b. <i>William J. Bannister</i> | 26a. 4-14-1971 | |

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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16-71-500

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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 James L. Creason

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

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.