U. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28411

FILED AUG 27 1946 #60263

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2207

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County do.
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2317
Street No. 821a Allen Ave., (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE BANNISTER
3. (b) If veteran, name war Nil
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Edward Lee Bannister
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 1883 (Month) November 6th, 1882 (Day) (Year)

8. AGE: Years 63 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Washington Co., Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. MOTHER FATHER Name George Skaggs
13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sarah Gillam
15. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Woodrow Dodson
(b) Address 821a Allen St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Missouri
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
(c) AUG 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

Corr. By Aff 1957

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15th year 1946 hour 2:20 minute P M.
21. I hereby certify that I attended the deceased from 7/21/46, 19..., to Aug. 15th, 1946, that I last saw her alive on Aug. 15th, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction — Duration
Biliary obstruction
Due to Carcinoma of Stomach
Gall bladder & Common duct
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations Pyloric obstruction due to Carcinoma of Biliary obstruction due to Carcinoma of Gallstone in common duct
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. R. Dalton (M. D. or other)
Address 1515 Lafayette Date signed 8/15/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Elmo R. Sodwell

Licensed Embalmer No. 4077

P. O. Address.....

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

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 7207

On this 26 day of Aug, 1946 before me appears Mrs. Woodson Dobson, who, upon her oath, states that the original record of ~~birth~~ death for Josephine Bayniston, ~~died~~ born 8-15, 1946 in the State of Missouri, and which was filed at St. Louis on ....., 19....., should be corrected as follows:

Item No. 7 should read Nov 6 - 1883
Instead of Nov. 6 - 1882

Item No. 8 should read age 62
Instead of age 63.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Woodson Dobson (Informer.)
Relationship.

821 A Gillen
Present Address.

Subscribed and sworn to before me this 26 day of August, 1946.

My Commission expires 3-4-49

Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929