Dr Bohner - Univ club.

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

Do not use this space.

14946

File No.

Registered No. 3856

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. 2525 So 10th St. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Carl Bye

(a) Residence. No. 2525 So 10th St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Bye.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 20 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self.

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Archie Bye.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know.

12. MAIDEN NAME OF MOTHER Anna Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Effie Bye.
(Address) 2525 So 10th St Louis Mo

15. FILED APR -7 1928 19 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1928

17. I HEREBY CERTIFY, That I attended deceased from March 22, 1928 to April 6, 1928 that I last saw h. alive on April 6, 1928, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) 1010

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) Harry C. Bohner M.D.

4-7 1928 (Address) 315 University Club Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bethany Cemetery	4-9 1928
20. UNDERTAKER	**ADDRESS**
Weick Bros	2281 So Grand Blvd

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.

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