

OCT 5 1936

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

Do not use this space.

791

35606

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

St. Louis, Missouri (No. City Hospital No. 1)

File No.

Registered No.

St. Ward)

B 70 34

Albert Byram

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ozanam Shelter, ST. Louis, Mo.

11 Ward.

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Minnie Byram

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

August 15, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

X 78

68

0

19

OCCUPATION

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

night watchman

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)

Missouri

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Hosp. Info. M. H. Kent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla

DATE September 5, 1936

19. UNDERTAKER (ADDRESS)

A. W. McLaughlin
2301 Lafayette Ave

20. FILED

SEP 5 1936

J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

9/2/36

19

22. I HEREBY CERTIFY, That I attended deceased from

8/7/36

9/2/36

19

19

I last saw him live on 9/2/36, 19

Death is said

to have occurred on the date stated above, at 8.40 p.m.

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

Menogenic Bladder
S. n. S. Syphilis

Date of onset

1939

?

Other contributory causes of importance:

Name of operation: Cystotomy

Date of 8/7/36

What test confirmed diagnosis? histology. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

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

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Thos. W. Loon

M. D.

(Address)

City Hospital No. 1

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.

