

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

39436
Do not use this space.

1. PLACE OF DEATH

(a) County 918 N. 19th St. Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. _____ Registered No. 10423
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Mrs Mary Byous
 (a) Residence, No. 918 N. 19th St. St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>writes the word</i>) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Byous</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 15, 1879</u>		
7. AGE <u>57</u>	YEARS <u>11</u>	MONTHS <u>20</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>
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) <u>Tennessee</u>		
13. NAME <u>Charles Brown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Fannie Whitfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dicksons</u> DATE <u>11/10/37</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>E. L. Garner</u> <u>2829 Washington Ave.</u>		
20. FILED <u>NOV 9 1937</u> <u>J. P. Bredbeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1937 to Nov 5 1937.
 I last saw him alive on Oct 27 1937. Death is said to have occurred on the date stated above, at 5 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chm Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? no
 If so, specify _____ (Signed) W. O. Smeller M. D.
 (Address) 1335 Franklin

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.

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STATEMENT BY LICENSED EMBALMER

I, Arthur L. Helliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Helliard

Licensed Embalmer No. 3389

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.)