

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9152

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... of St. Louis
 (d) Street No. 501 Park Avenue
 (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.

2. PRINT FULL NAME

John Baybo
 (a) Residence, No. 501 Park Avenue St. 23
 (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 Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Mary
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 52 10 11
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
 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) Ukrania
 FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ukrania
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ukrania
 17. INFORMANT (ADDRESS) Stephen Baybo 1428 S. 3rd St
 18. BURIAL, CREMATION, OR REMOVAL PLACE in Concordia DATE May 23rd 1938
 19. FUNERAL DIRECTOR (ADDRESS) W. W. McLaughlin 2301 Lafayette Ave
 20. FILED MAR 22 1938 J. T. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

No physician in attendance.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/38 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:45 A.M..

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

Date of onset

Coronary Occlusion

946

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....

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

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 See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? NO

If so specify.....

(Signed) Alfred J. Perry, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

U. S. - 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.

STATEMENT BY LICENSED EMBALMER

I, Lyman Cooper, Licensed Embalmer No. 3633

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 Lyman Cooper
Licensed Embalmer No.....

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.)