

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

24790

Registration District No.

146
AUG 1 1941

Primary Registration District No.

1-2-1

Registrar's No.

47

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town Fremont--Rural
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution

7 years

(Specify whether

In this community
years, months or days)3. (a) PRINT
FULL NAME

Robert Lee Byers

8. (b) If veteran,

name war

no

8. (c) Social Security

No.

no

4. Sex

M

5. Color or
race W

6. (a) Single, married, divorced

Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive years

7. Birth date of deceased

Sept 20 1920

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

20

9

10

hr. min.

9. Birthplace

Palistine

(City, town, or county)

Ill

(State or foreign country)

10. Usual occupation

Student

11. Industry or business

J. J. Byers

12. Name

Brazil

Ind

(City, town, or county)

(State or foreign country)

14. Maiden name

Berla Salladay

(City, town, or county)

(State or foreign country)

15. Birthplace

Brasial

Ind

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

J. J. Byers

(b) Address

Burial

7/13/41

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

Hermitage, Mo.

18. (a) Signature of funeral director

D. J. Luch

(b) Address

Union, Mo.

19. (a) (Date received local registrar)

(b) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Carter
(c) City or town Fremont--Rural
(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.?

years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from

1-10, 1940, to 10-10, 1941;
that I last saw him alive on 6-5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death

Duration

Edema of Pharynx
Tuberculosis of Pharynx
130

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

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?

While at work (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Burton (M. D. or other)Address Don Buren, Mo Date signed 6-12-41

RECEIVED
District Health Officer No. 6,
District No. 7411791
Date Filed

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.....

Licensed Embalmer No. 4053

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, above space should be left blank.