

FILED FEB 24 1942 791

STANDARD CERTIFICATE OF DEATH

State File No. _____

561

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 102 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami
(c) City or town Osawatomie
(If outside city or town limits, write "RURAL")
(d) Street No. 711 Main Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

499
14
NR 0

3. (a) PRINT FULL NAME Wilbur Frank Ayres

3. (b) If veteran, name war None 3. (c) Social Security No. 702-16-9905

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Lou Ayres 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 14 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 7 4 _____ hr. _____ min.

9. Birthplace Jackson Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Round House Foreman

11. Industry or business Railroad

MOTHER FATHER { 12. Name J. M. Ayres
13. Birthplace Niles Michigan
(City, town, or county) (State or foreign country)
14. Maiden name Lucille Ayres
15. Birthplace Lansing Michigan
(City, town, or county) (State or foreign country)
wife

16. (a) Informant _____
(b) Address Osawatomie, Kansas

17. (a) Burial (b) Date thereof 1/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Birmingham, Alabama

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd at Concordia Lane

19. (a) Jan 19 1942 (b) J. F. Bredebeck
(Date of issue) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/18/42 day _____ year _____ hour 6 minute 30 M.

21. I hereby certify that I attended the deceased from 10/6/41 to 1/18/42, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 yr.

Due to _____
Due to _____

Other conditions Cardiac Decompensation 6 hrs.
(Include pregnancy within 3 months of death)

Major findings: Of operations Not Done Of autopsy Not Done
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 J. A. Budke (M. D. or other) _____
Address Missouri Pacific Bldg Date signed 1/18/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 29 1953

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.....

Robert J. Emberton
Licensed Embalmer No. *1994*
P. O. Address *Saint Louis Mo*

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, fact should be so stated above.