

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File # **43644**

FILED DEC 10 1943

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2789**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Overland**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8116 Toddy Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Overland**
(If outside city or town limits, write "RURAL")

(d) Street No. **8116 Toddy Ave.**
(If rural, give location)

(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Bverly**

(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **13**
year **1943** hour **1** minute **P.M.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

(b) Name of husband or wife **John Byerly** (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Sept. 4 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Apr 15 43** to **12-13 43**
that I last saw him alive on **12-8 43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 3 9 hr. min.

Immediate cause of death
**Myocardial Regurgitation
in fibrils (obstructive)**

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Kirkwood Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations..... **1318**

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Irene Doerr**

(b) Address **8116 Toddy Ave.**

17. (a) **Burial** (b) Date thereof **12-16-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S.S. Peter & Paul**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **DEC 16 1943** (b) **E. H. Brakeman, M.D.**
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place)

While at work?..... (a) Means of injury.....

Signature **H. B. De Bevoise** (M. D. or other) **M.D.**

Address **1446 S. Grand** Date signed **12/15/43**

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

36
13
1

1446 S. Richmond
Br 786
9-10-8

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..... *Albert R. Thompson Jr*

Licensed Embalmer No. *4237*

P. O. Address *St Louis*

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.