

FILED DEC 12 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2377

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6817 Lillian Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Since Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96  
(c) City or town Jennings 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 5236 Jennings Road  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 11

3. (a) PRINT FULL NAME

Clyde Henry Byerss

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, 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 June 19, 1941  
(Month) (Day) (Year)

8. AGE:

Years 3

Months 5

Days 3

If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Jennings Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Clyde Beyers

13. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Staroska

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Beyers

(b) Address 5236 Jennings Road

17. (a) Burial (b) Date thereof 11-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) DEC 1 1944 (b) E. S. Mollman, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22  
year 1944 hour 10 minute 50 PM

21. I hereby certify that I attended the deceased from Nov. 22  
1944 to Nov. 22 1944

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastritis with myocardial failure  
Due to \_\_\_\_\_  
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 \_\_\_\_\_

Signature J. J. King (M. D. or other) \_\_\_\_\_  
Address 2101 N. Grand Date signed 11/24/44

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

1600

**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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *St. 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.**