

S. No. 2  
 DM-5-43  
 v. 5-17-39  
 1 X36671

**FILED JAN 15 1945 318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Enroute to City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 3 (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Walter E. Bybee

**3. (b) If veteran, name war** Unknown

**3. (c) Social Security No.** Unknown

**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** About 1890  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>About 54</u>			hr. min.

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

**10. Usual occupation** Chauffeur

**11. Industry or business**

**12. Name** William E. Bybee

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

**14. Maiden name** Sarah Jane Foster

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

**16. (a) Informant** Elmer Bybee

**(b) Address**

**17. (a) Burial** Burial **(b) Date thereof** 12-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Valhalla Cemetery

**18. (a) Signature of funeral director** Albert H. Hoppe  
**(b) Address** 4700 Washington Blvd.

**19. (a) DEC 26 1944** J. F. Buchek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4434 McPherson Ave.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 22  
 year 1944 hour 11:00 minute P. M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Coronary Thrombosis

**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? \_\_\_\_\_

**23. Signature** Alfred Peters (M. D. or other)

**Address** St. Louis **Date signed** 12/21/44

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

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 L. Hopper*.....

Licensed Embalmer No. *2971*.....

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, fact should be so stated above.**