

#32468
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21747
State File No.

FILED JUL 28 1945
Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6143

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos-15 days
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 610 CHESTNUT
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur Byington
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 9th
year 1945 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from 4/25/45
19..... to 7/9/45 19.....
that I last saw h. im alive on 7/9/45 19.....
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. 0 9 INCHES
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased JAN 22 1879
(Month) (Day) (Year)

Immediate cause of death.....
Cirrhosis of Liver
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
66 5 17 hr. min.

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

10. Usual occupation LABOR

11. Industry or business.....

12. Name ROBERT DYINGTON

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

14. Maiden name JUSTIA

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

16. (a) Informant H. Knottall, husband

(b) Address 2530 Mullamph

17. (a) BURIAL (b) Date thereof MAY 14 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director G. J. Bodeck

(b) Address 1515 Lafayette
19. JUL 16 1945 (b) J. F. Bodeck
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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 Heiber C. Putz (M.D. or other) 7/9/45
Address 1515 Lafayette Date signed

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

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.....

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.