

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 21 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **38992**
10707

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
2008 Blendon Place
(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)

3. (a) PRINT FULL NAME Alpharetta Byers

3. (b) If veteran, name war _____ **3. (c) Social Security** No. None

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widow

6. (b) Name of husband or wife Joshua Kennedy Byers **6. (c) Age of husband or wife if** alive years

7. Birth date of deceased _____ 7 31 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Bremer County, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name John B. Patterson

13. Birthplace Fairfield County, Ohio (City, town, or county) (State or foreign country)

14. Maiden name Nancy D. McIntire

15. Birthplace Fairfield County, Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Fred M. Byers

(b) Address: 2008 Blendon Place

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12-10-45
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) DEC 10 1945 J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____ **000**

(c) City or town St. Louis (If outside city or town limits, write "RURAL") **47**

(d) Street No. 2008 Blendon Place (If rural, give location) **9**

(e) Citizen of foreign country? _____ (Yes or No)? **6**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 1945 hour 1:45 minute _____ A.M.

21. I hereby certify that I attended the deceased from May 21, 1945, to 12-8-45, 19____;

that I last saw her alive on 12-8-45, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis **years**

Due to _____

Due to _____

Other conditions General arteriosclerosis **years**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No

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** _____

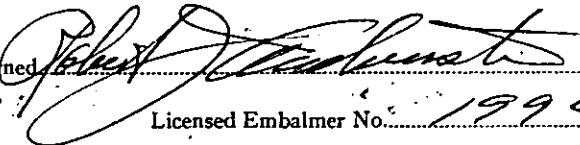
23. Signature Vincent F. Townsend (M. D. or other) **MD**

Address 3101a Sutton Date signed 12-9-

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. 1994.....

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.