

No. 2
-12-45
-17-39
X47070

FILED MAY 9 1947 **318**

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community _____
years, months or days

3. (a) PRINT FULL NAME Agnes Bymaster
(b) If veteran, name war no
(c) Social Security No. 488-01-4691

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Frank Bymaster
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 7 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 21
If less than one day hr. _____ min. _____

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

10. Usual occupation sales lady

11. Industry or business Famous Barr

12. Name Koshler

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)

16. (a) Informant John F. Middleton

(b) Address 1231 Claytonia Terrace

17. (a) burial (b) Date thereof April 30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director A. M. R. & U. Co.

(b) Address Grand Blvd

19. (a) APR 27 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clayton
(c) City or town 1231 Claytonia Terrace
(If outside city or town limits, write "RURAL")
(d) Street No. 1231 Claytonia Terrace
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1947 hour 1 minute 30 p. M.

21. I hereby certify that I attended the deceased from Apr. 28 1947 to Apr 28 1947
that I last saw her alive on Apr 28 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vasculor - Rrenal disease
Duration _____

Due to _____
Due to _____

Other conditions Gastro Intestinal Disease
(Include pregnancy within 3 months of death)

Major findings: Carcinoma c. Metastasis
Secondary to Gastro-Intestinal
Of autopsy None
PHYSICIAN _____
Underline 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? _____

(Specify type of place) _____
While at work _____ (c) Means of injury _____

23. Signature Roy Compton (M: D. or other) _____
Address 601 1/2 Page Blvd Date signed 4/29/47

APR 26 1948

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 *Stanley H. Dixon*
Licensed Embalmer No. *4193*
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.