No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22113

FILED JUL 12 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6380

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

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: Peoples Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 618 N. Garrison Ave. 9
(If rural, give location)

21

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna J. Byles

3. (b) If veteran, name war None

3. (c) Social Security No. 489-18-1897

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Homer Byles

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 6, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	27	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Maid

11. Industry or business

FATHER
12. Name Phil Dunn
13. Birthplace Carlton, Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Jacobs
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Byles
(b) Address 618 N. Garrison Ave

17. (a) Burial (b) Date thereof 7/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 1416 N. Taylor Ave.

19. (a) (b) J. F. Bradeck
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1947 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from June 23, 1947 to July 3rd 1947
that I last saw her alive on July 3rd 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to Anemia	
Due to Infection mystitis	
Other conditions (include pregnancy within 3 months of death)	
Major findings: Of operations 82	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Parker H. Wood (M. D. or other) M.D.
Address 2221 Locust, St Louis, Mo Date signed 7/4/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) PARKER H. WOOD

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. 4198

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.