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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6616

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1269

WRITE PLAINLY—USING 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: St. John's Hospital 0
(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 Mo. (b) County 50

(c) City or town De Sota 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1. Box 41A 0
(If rural, give location)

N.R.

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Henry Kyburz

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug 28, 1892
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Truck loading

11. Industry or business Anheuser-Busch

FATHER
12. Name Henry Kyburz
13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Engel
15. Birthplace Sulpher Springs, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Kyburz
(b) Address 6103 Minnesota Ave.

17. (a) Cremation (b) Date there 2/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director [signature]
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) FEB 6 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5th
year 1948 hour 4: minute 30 P. M.

21. I hereby certify that I attended the deceased from 9/23/45, 19..., to 2/5, 1948
that I last saw him alive on 2/4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Toxemia	2 wks.
Due to Trophic ulcers	"
Due to Paraplegia 2nd to Compression fracture	6 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Compression fracture Torsion of Sp. Cord.

Of autopsy To be reported

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) accident - fall

(b) Date of occurrence 9/23/1947 50

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work (e) Means of injury Fall from ladder

23. Signature Edmund A. Smolik (M. D. or other)

Address Beaumont Med Bldg Date signed 2/6/48

Jefferson City Printing Co. FEB 6 1948

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2128

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.