

FILED MAR 23 1948

2456

Registration District No. 318

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-days
In this community 4-years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6438 Mardel Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 14 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Arthur C. Byington

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Rita A. Byington 6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased July 8th., 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 8 2 hr. min.

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

10. Usual occupation Dept. Mgr. Business Machine Corp.

11. Industry or business Junius C. Byington

12. Name Davenport Iowa

13. Birthplace Elsie Tietje Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Davenport Iowa
(City, town, or county) (State or foreign country)

15. Birthplace Mrs. Rita A. Byington
(City, town, or county) (State or foreign country)

16. (a) Informant 6438 Mardel Ave.

(b) Address Removal

17. (a) (Burial, cremation, or removal) Lincoln Nebraska (b) Date thereof: 3-12-48
(Month) (Day) (Year)

(c) Place: burial or cremation Arthur J. Donnelly

18. (a) Signature of funeral director 3840 Lindell Blvd.

(b) Address MAR 11 1948 (c) Registrar's signature J. F. Bredekamp

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th.,
year 1948 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from 1-30-47
to 3-10-48, 19____, to 3-10-48, 19____;
that I last saw him alive on 3-10-48, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Rheumatic Fever
Due to AS
Other conditions (Include pregnancy within 3 months of death)
Major findings: Mitral Stenosis
Pulmonary edema

Duration

PHYSICIAN

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 Dr. H. A. Mearns (M. D. or other) 0
Address 33 N. Meramec Date signed 3-11-48
Clayton, Mo.

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

100
17
9

Dr. Munsch until 4 pm.
33 N. Meremac St.

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 W. H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.