

No. 300  
M-10-47  
y. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 30 1948  
318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

13929  
State File No. 13929  
Registrar's No. 3675

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town City Infirmary Hosp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-19-47 to 4-17-48 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County das

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

(d) Street No. 2305 W Pine (If rural, give location)

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Catherine BYERS

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

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 7, 1882  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 17  
year 1948 hour 2 minute 40 M A

21. I hereby certify that I attended the deceased from 7/15, 1947 to 4/17, 1948  
that I last saw her alive on 4/17, 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
65 4 10 hr. 5 min.

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

10. Usual occupation Practical Nurse

11. Industry or business \_\_\_\_\_

12. Name John McCullm

13. Birthplace St. Louis (City, town, or county) (State or foreign country)

14. Maiden name Mary

15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Records  
(b) Address 5800 Arsenal St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin F. Feutz  
(b) Address 4828 Natural Bridge Boulevard

19. (a) APR 17 1948 (b) J. J. Bredeck (Registrar's signature)  
(Date received local registrar)

Immediate cause of death Bronchopneumonia Duration \_\_\_\_\_

Cellulitis left leg

Due to Hypertensive heart disease

Due to Psychosis

Other conditions 9/2  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Warren C Lewis (M. D. or other) \_\_\_\_\_  
Address 5600 Arsenal Date signed \_\_\_\_\_

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

MOTHER FATHER

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**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 Ralph E. Linder

Licensed Embalmer No. 4225

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.**