

FILED SEP 7 1948 **318**
Registration District No.

Primary Registration District No. **1003**

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. Louis Childrens 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 **Illinois** (b) County **McDonough** **999**
(c) City or town **Good Hope** **11**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **N. R.** (If rural, give location) **2**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Janet Ann Byers**
(b) If veteran name war **No**
(c) Social Security No. **None**
4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **March 12 1940**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **25**
year **1948** hour **9** minute **23 A.M.**
21. I hereby certify that I attended the deceased from **8-21-48** to **8-25-48**
that I last saw her alive on **8-25-48**
and that death occurred on the date and hour stated above.
Duration

8. AGE: Years Months Days If less than one day
8 5 13 hr. min.

Immediate cause of death **Brain tumor in posterior fossa - malignant**
Due to **54**
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Macomb Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation **Child**

Major findings: **Posterior fossa brain tumor**
Of operations
Of autopsy
PHYSICIAN
Underline the cause of which death should be charged statistically.

11. Industry or business
12. Name **Virgil Byers**
13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Beryl Beghtol**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

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? (e) Means of injury
23. Signature **Dr. L. Thurston** (M. D. or other)
Address **500 So. Kings Highway** Date signed.....

16. (a) Informant **Bill Byers**
(b) Address **Roseville, Ill.**
17. (a) **Removal** (b) Date thereof **8-25-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Macomb, Ill.**
18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Blvd.**
AUG 26 1948
19. (a) **J. F. Bradock** (b) **J. F. Bradock**
(Date received local registrar) (Registrar's signature)

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 Elmo R. Padwell

Licensed Embalmer No. 4077

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.