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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 12 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33881

Registrar's No. 9477

WRITE PLAINLY—USE 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. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3829 Bowen Ave.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John William ~~Ayers~~. Ayres

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary E. ~~Ayers~~. Ayres

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 8 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Special Service Work.

11. Industry or business - - -

MOTHER, FATHER

12. Name Robert Owen ~~Ayers~~. Ayres

13. Birthplace unknown (City, town, or county) Ohio (State or foreign country)

14. Maiden name Elizabeth Smith.

15. Birthplace unknown (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Mrs. Mary E. ~~Ayers~~. Ayre

(b) Address 3829 Bowen Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.

19. (a) NOV 1 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31 year 1948 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hematoma

Due to suffered when deceased fell down twelve steps leading from the second to the first floor at his home

Due to 3829 Bowen St on Oct 31st 1948 at about 8:30 P.M.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation

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) Accident

(b) Date of occurrence St. Louis Mo

(c) Where did injury occur? Oct. 30 1948 (City or town) (County) (State)

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

While at work? No (e) Means of injury see above

23. Signature Patrick E. Tayeor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 11-1-48

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

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.....Warren H. Murray

Licensed Embalmer No.....4011

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33191 4
Local Registrar's No. 9477

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for John W. Ayres, died ~~born~~ 10-31-1948, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3a should read John William ~~Ayrsx~~ ~~Ayrsx~~ Ayres
Instead of John "illiam Ayers
Item No. 6b should read Mary Ayres
Instead of Mary Ayers
Item No. 12 should read Robert Owen Ayres
Instead of Ayers
Item No. 16a should read Mrs. Mary E. Ayres
Instead of Ayers
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant C. R. Lupton & Sons
Relationship.

7233 Delmar Blvd
Present Address. PER W.C.HAM.

Subscribed and sworn to before me this 31 day of May, 19 9

My Commission expires 3-4-53

Ella C. Paddock
Notary Public.

Form V. S. 135
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