

FILED NOV 5 1949
#970

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34990

State File No. _____
Registrar's No. 9095

318

1003

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri. | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | y | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | | | d. STREET ADDRESS (If rural, give location) 2307a Cherokee | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ANNA | | b. (Middle) Theresa | | c. (Last) BYKO | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 22nd, 1949 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married | | 8. DATE OF BIRTH March 30, 1885 | |
| 9. AGE (In years) (last birthday) 64 | | 10. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Koenig | | 14. NAME OF HUSBAND OR WIFE Thomas Byko | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Thomas Byko | | ADDRESS 2307a Cherokee | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH Sudden ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus years DUE TO (c) Diabetic Gangrene Left Foot 2 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 101 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 260X | | | |
| 22. I hereby certify that I attended the deceased from 10/5/49, 19__, to 10/22/49 19__, that I last saw the deceased alive on 10/22/49, 19__, and that death occurred at 3:15pm from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Walker M. Turner, M.D. | | | | 23b. ADDRESS 1515 Lafayette Ave. | | 23c. DATE SIGNED 10/22/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 10-25-49 | | 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. OCT 23 1949 | | REGISTRAR'S SIGNATURE J. B. Deaster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. L. & U. Co. 2929 S. Jefferson | | | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson

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.