

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15431

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 958

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY: (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6755 Bonnie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
3. NAME OF DECEASED (Type or Print) Byron		4. DATE OF DEATH (Month) (Day) (Year) 4/12/50	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 14, 1904	
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	
11. BIRTHPLACE (State or foreign country) Richwoods, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Ogle		13b. MOTHER'S MAIDEN NAME Kytha Mayfield	
14. NAME OF HUSBAND OR WIFE Mary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 491-07-3115		17. INFORMANT'S SIGNATURE OR NAME Mary Ogle--	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombus Antecedent Causes: Endocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Endocarditis DUE TO (c) Aortic Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Endocarditis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH 5 min	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/12, 1950, to 4/12, 1950, that I last saw the deceased alive on 4/12, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. Simpson M.D.		23b. ADDRESS 3739 Gravois ave	
23c. DATE SIGNED 4-13-50		24. BURIAL, CREMATION, REMOVAL (Specify) Burial (7)	
24b. DATE 4/15/50		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE Robert Wacker		ADDRESS 3634 Gravois	

(Licensed Embalmer, Signature on Reverse Side)

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

APR 13 1950

MAY 3 1937

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Frank J. Howard Sr.
Licensed Embalmer No. *2675*
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.