S. No. 300
V. 10.48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24542
Registrar's No. 6368

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If death in hospital or institution, give street address or location): 6032a So. Kingshighway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2039
d. STREET ADDRESS (If rural, give location): 6032a So. Kingshighway

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) H c. (Last) Bayersdoerfer

4. DATE OF DEATH (Month) (Day) (Year): July 24, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 12, 1894
9. AGE (In years last birthday): 55 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer
10b. KIND OF BUSINESS OR INDUSTRY: Hampton Electric Co.
11. BIRTHPLACE (State or foreign country): St. Louis
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Edward H. Bayersdoerfer
13b. MOTHER'S MAIDEN NAME: Laura Burton
14. NAME OF HUSBAND OR WIFE: Mabel Q. Bayersdoerfer

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.
17. INFORMANT'S SIGNATURE OR NAME: M.A. Bayersdoerfer — ADDRESS: 6032 S. Kingshighway

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paroxysmal Tachycardia — Interval between onset and death: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Decompensation — 7 mo

DUE TO (c) Hypertension, Valvular insufficiency — 1 year

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Nephritis - Chronic — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 421.4

22. *I hereby certify that I attended the deceased from* June 25, 1950, *to* July 24, 1950, *that I last saw the deceased alive on* July 24, 1950, *and that death occurred at* 12:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: John V Lawrence (Degree or title)
23b. ADDRESS: 634 No Grand Ave St Louis Mo (3)
23c. DATE SIGNED: 7/25/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-26-50
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county) (State): Affton, Mo.

DATE REC'D BY LOCAL REG. JUL 25 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE: John L. Ziegenhein & Sons — ADDRESS: 7027 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Frank J. Burns

Signed _____
Student Embalmer

Licensed Embalmer No. 2245

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

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

State File No. 24542-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6368

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Edward H. Bayersdoerfer died July 24-50, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 4 should read July 24-1950
Instead of July 23-1950

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

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 J. B. Hester for J. T. Zurgenthin & Sons — Fun. Dir
Relationship.

7027 Gravois
Present Address.

Subscribed and sworn to before me this 2 day of Aug, 1950

My Commission expires 3-4-53 — Ella C. Paddock Notary Public.

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

V. S. 135
—8-43
I X37817