

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9938  
Registrar's No. 2420

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis  
c. LENGTH OF STAY (in this place) 12 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2139  
d. STREET ADDRESS (If rural, give location) 5400 Arsenal St

3. NAME OF DECEASED  
(Type or Print) Leroy Bynum  
a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year)  
Mar. 12 1951

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Divorced

8. DATE OF BIRTH 4-21-1911

9. AGE (In years last birthday) 39  
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)  
Teacher

10b. KIND OF BUSINESS OR INDUSTRY  
Odd Jobs

11. BIRTHPLACE (State or foreign country)  
Weakley County Tenn

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
George Bynum

13b. MOTHER'S MAIDEN NAME  
Willie Nethken

14. NAME OF HUSBAND OR WIFE  
Jnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
Yes Reg Army

16. SOCIAL SECURITY NO.  
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Willie Bynum Nethkin Betham Mo

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  
ANTECEDENT CAUSES  
DUE TO (b) Paresis  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
10 min.

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
025X

22. I hereby certify that I attended the deceased from May 1, 1941 to Mar. 12, 1951 that I last saw the deceased alive on 3-12, 1951, and that death occurred at 11:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
A. Novakovich M.D.

23b. ADDRESS  
5400 Arsenal St

23c. DATE SIGNED  
3-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
3-14-51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)  
Mayfield Ky

DATE FILED BY LOCAL HEALTH DEPT. APR 1 1951 REGISTRAR'S SIGNATURE  
J. B. Laster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Rowland Mortuary & Co Inc 4104 Manchester

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

MAY 16 1951

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.....

*Howard P. Rowland*

Signed.....

Student Embalmer

Licensed Embalmer No. *3114*

P. O. Address *St Louis 10 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.