

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23361

State File No.

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 54E Registrar's No. 1760

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>8627 Argyle</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8627 Argyle</u>		e. STREET ADDRESS (If rural, give location) <u>8627 Argyle</u>	

3. NAME OF DECEASED (Type or Print) <u>James</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1953</u>		
a. (First) <u>James</u>			b. (Middle) <u>Byington</u>		
c. (Last) <u>Byington</u>			5. SEX <input checked="" type="radio"/> Male <input type="radio"/> Female		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 7, 1897</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool Designer</u>		11. BIRTHPLACE (State or foreign country) <u>Elvins, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool Designer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mc Donnell Aircraft</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank Byington</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hampton</u>		14. NAME OF HUSBAND OR WIFE <u>Eugenia Byington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-03-1428</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eugenia Byington</u> ADDRESS <u>8627 Argyle</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchiogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>162X</u>			

19a. DATE OF OPERATION <u>Nov 1953</u>		19b. MAJOR FINDINGS OF OPERATION <u>Inoperable Bronchiogenic Carcinoma (left)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from 15 May, 1953, to 23 June, 1953, that I last saw the deceased alive on 23 June, 1953, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul R. Whitener M.D.</u> (Degree or title)		23b. ADDRESS <u>8923 Midland, St. Louis, Mo</u>		23c. DATE SIGNED <u>24 June 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 June 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		24e. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24f. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6-25-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann F. Home</u> ADDRESS <u>9222 Lackland</u>	
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(If used Embalmer's Statement on Reverse Side)

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

Cher

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 Al C Ostmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.