

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6091**
Registrar's No. **1081**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 St. Louis		c. LENGTH OF STAY (in this place) St. Louis		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1434 North Ninth St.				e. STREET ADDRESS (If rural, give location) 1434 North Ninth St.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) William c. (Last) Ayres			4. DATE OF DEATH (Month) (Day) (Year) 1/30/56				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/11/05	9. AGE (In years, Months, Days) 50	IF UNDER 1 YEAR Days	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weaver, Rugs		10b. KIND OF BUSINESS OR INDUSTRY Rugs		11. BIRTHPLACE (City and State or Foreign Country) Potosi, Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Harry Ayres		13b. MOTHER'S MAIDEN NAME Mattie Anderson		14. NAME OF HUSBAND OR WIFE Sylvia Ayres			
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. None		17. INFORMANT'S SIGNATURE OR NAME <i>Harry Alfred Ayres</i>		ADDRESS 1434 N. Minnetonka	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Chronic myocarditis Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Silicosis & Asthma		MEDICAL CERTIFICATION Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH Several mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Silicosis and asthma		20. AUTOPSY? 422.2		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)			
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 June 1st, 1956 , to 1-30-1956 , that I last saw the deceased alive on 1-28-1956 , and that death occurred at 1:45 AM. , from the causes and on the date stated above.							
23. SIGNATURE <i>Clyde B. Kane</i> (Degree or title) W.D.				23b. ADDRESS 706 Walton		23c. DATE SIGNED 1-31-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/1/56		24c. NAME OF CEMETERY OR CREMATORY St. Matthew Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. JAN 31 1956		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Bull Campbell</i> ADDRESS 5165 Delmar Bl. St. L			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1961

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.....
Signature of Student Embalmer

Signed *V.E. Morris*.....

Licensed Embalmer No. *336*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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