No. 300
10.48

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

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17653

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5365

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):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY:
c. CITY OR TOWN: St. Louis:
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 12 5630 Pershing Ave: 2129 0

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Hawkins
c. (Last): Byram

4. DATE OF DEATH (Month) (Day) (Year): June 3 1956

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Sep't 13, 1886.
9. AGE (In years last birthday): 69. 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): Housewife..
10b. KIND OF BUSINESS OR INDUSTRY: At Home.
11. BIRTHPLACE (City and State or Foreign Country): Madisonville, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: Joseph B. Hawkins.
13b. MOTHER'S MAIDEN NAME: Fannie Mary Freeman.
14. NAME OF HUSBAND OR WIFE: Elmer C. Byram

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs J. L. Andrews #6475 Wydown Blv'd..

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.*

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized metastatic adenocarcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3/2/56

ANTECEDENT CAUSES

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

DUE TO (b) adenocarcinoma of rectum — 11/30/55

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/30/55
19b. MAJOR FINDINGS OF OPERATION: adenocarcinoma of rectum 154x
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?

22: *I hereby certify that I attended the deceased from* Nov. 23, 19 55, *to* June 3, 19 56, *that I last saw the deceased alive on* June 3, 19 56 *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. L. Krause (Degree or title) M.D.
23b. ADDRESS 3720 Washington, St.L.(8)
23c. DATE SIGNED 6/4/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 6/56
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Mexico, Missouri.

DATE REC'D BY LOCAL REG. JUN 4 1956
REGISTRAR'S SIGNATURE: Earl Smith MD
MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. R. Lupton & Sons 7233 Delmar Blv'd.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Arnold W. Scholze

Licensed Embalmer No. 386

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.