THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6966

FILED FEB 18 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes X No ☐	c. CITY OR TOWN Frontenac 4410 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 10600 Clayton Road — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First GEORGE	Middle A	Last BAYLE, JR.	4. DATE OF DEATH Month January Day 17th Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH November 17, 1883	9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 2 Days 0 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Broker - Fischer	10b. KIND OF BUSINESS OR INDUSTRY Brokerage Company	11. BIRTHPLACE (City and state or country) Alton, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George A. Bayle		14. MOTHER'S MAIDEN NAME Phebe Adams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----------	16. SOCIAL SECURITY NO. 496-36-1384	17. INFORMANT Mrs. Marie Bayle	Address 10600 Clayton Road	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Plasma cell sarcoma — INTERVAL BETWEEN ONSET AND DEATH 18 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Cerebral arteriosclerosis 202 ft — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from June 6, 1954, to Jan 17, 1957 and last saw her alive on Jan 17 1957. Death occurred at 10:50 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James G. Jamieson Jr. MD	22b. ADDRESS 25 N Central	22c. DATE SIGNED 1-18-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/19/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR C. R. Lupton & Sons — ADDRESS 7233 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. 1-18-57	26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

35 North Central
Clayton, 5, Missouri
Parkview 5-9656
Time 2 to 5 PM

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 38

P. O. Address St. Louis

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