

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37251**
Registrar's No. **9831**

FILED OCT 29 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

I. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MO** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS, MO.** c. LENGTH OF STAY (in this place) **5 YR.** c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **01 2657 CLIFTON AVE. 03 2657 CLIFTON AVE.** e. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED a. (First) **EMMA** b. (Middle) **MAY** c. (Last) **BYERS** 4. DATE OF DEATH (Month) (Day) (Year) **10-20-57**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **AUG 30, 1875** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR 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 _____ 11. BIRTHPLACE (City and State or Foreign Country) **CINCINNATI, OHIO** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **HERMAN MAURATH** 13b. MOTHER'S MAIDEN NAME **CAROLINE WEEKLY CLEMENT** 14. NAME OF HUSBAND OR WIFE **BYERS**

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. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **BEATRICE SMITHER** ADDRESS **2657 CLIFTON**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **2 days**

ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____

DUE TO (c) **493x** II. OTHER SIGNIFICANT CONDITIONS **essential hypertension, cerebral vascular disease**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? **2** 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) _____ 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 **5/22, 1953**, to **10/18, 1957**, that I last saw the deceased alive on **10/18, 1957**, and that death occurred at **11:15** m., from the causes and on the date stated above.

23a. SIGNATURE **J. Schuly** (Degree or title) **MO** 23b. ADDRESS **2813 E. Watson** 23c. DATE SIGNED **10/21/57**

24a. BURIAL, CREMATION REMOVAL (Specify) **REMOVAL** 24b. DATE **10-21-1957** 24c. NAME OF CEMETERY OR CREMATORY **GREENLAND CEMETERY** 24d. LOCATION (City, town, or county) (State) **CHILLICOTHE, OHIO**

DATE REC'D BY LOCAL REG. **OCT 21 57** REGISTRAR'S SIGNATURE **Earl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Howard Michel** ADDRESS **5930 Southwest**

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

NOV 15 1957

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 *Harvey Koble*

Licensed Embalmer No. *4596*

P. O. Address *Flouissant,*

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.