

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037657

STATE FILE NUMBER

10198

318

1003

Registration District No. 1011 NOV 10 1958 Primary Registration District 1003 Registrar's No.

Health,
Welfare
Public
Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis, Mo</i>		c. CITY OR TOWN <i>St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>01 1917 Bellglade</i>		d. STREET ADDRESS (If outside, give location) <i>211 1917 Bellglade</i>	
3. NAME OF DECEASED (Type or print) <i>ABRAHAM</i>		4. DATE OF DEATH <i>10-22-58</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Cal.</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 11 - 1887 71</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Gusie's + Porter Paper Co</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Tobacco</i>	11. BIRTHPLACE (City and state or country) <i>Fayette Miss.</i>
13. FATHER'S NAME <i>Dave Byous</i>		14. MOTHER'S MAIDEN NAME <i>Susie Jones</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>489-10-5489</i>	17. INFORMANT Address <i>Lula Byous 1917 Bellglade</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>My previous Heart Disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>443X</i>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY <i>Hour Month, Day, Year</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <i>10/14/58</i> to <i>10/22/58</i> and last saw her alive on <i>10/22/58</i>			
Death occurred at <i>10/30/58</i> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Office or title) <i>Paul C. Payne M.D.</i>		22b. ADDRESS <i>3146 Laclade</i>	22c. DATE SIGNED <i>10/23/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>10-27-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	23d. LOCATION (City, town, or county) (State) <i>St Louis Com. Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>A. Richardson 2625 Glasgow</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 24 1958</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith Mo</i>

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

Signature *A. D. Richards*

Licensed Embalmer No.

P. O. Address *2928*
City

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.