

MAR 21 1938

REC'D APR 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12232
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 7801 Registered No. 2164
(c) City Clayton (d) Street No. St. Louis County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Byvank

(a) Residence, No. 517 N. Summit, Webster Groves, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/25/1865

7. AGE YEARS 73 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. but side work.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME George Byvank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

15. MAIDEN NAME Louise Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) sister, Ida McClellan Knapp Wisconsin

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board 3/21/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Louis County Hospital Clayton, Mo.

20. FILED MAR 21 1938 St. Louis County Hospital Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/22/38, 1938, to 12/27/38, 1938.
I last saw him alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 2:54 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset 12/21/38
Arteriosclerosis 1920

Other contributory causes of importance: 1
Arteriosclerosis 1920

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) M. J. Bartolich, M. D.
(Address) St. Louis Co. Hosp.

WHILE FILLING IN, WITH NON-FADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.