

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20365**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5177**

1. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(c) Name of hospital or institution: **Barnes Hospital**
(d) Length of stay: In hospital or institution **28 days**
In this community **28 days**

8. (a) PRINT FULL NAME **Agnes M. Byron**

8. (b) If veteran, name war _____ 8. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Wm. T.** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Feb. 7, 1871**

8. AGE: Years **70** Months **4** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Irving, Ill.**

10. Usual occupation **At Home**

11. Industry or business **Own Home**

MOTHER FATHER { 12. Name **Joseph Dillingham**
13. Birthplace **Illinois**
14. Maiden name **Cassandra Ray**
15. Birthplace **Tennessee**

18. (a) Informant **W. Byron**
(b) Address **East St. Louis, Ill.**

17. (a) **Burial** (b) Date thereof **June 25, 1941**
(c) Place: burial or cremation **at Hope**

18. (a) Signature of funeral director **[Signature]**
(b) Address **East St. Louis, Ill.**

19. (a) **JUN 24 1941** (b) **[Signature]**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**
(c) City or town **East St. Louis, Ill.**
(d) Street No. **1402 N. 42nd**
(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**, year **1941** hour **3** minute **30 A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death **Broncho Pneumonia, Fracture of neck of right Femur, Right Collar Fracture. When she fell to floor in her home in East St Louis Ill.**
Due to **May 26/41 6:30 PM**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings Of operations **[Signature]**
Of autopsy **[Signature]**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **May 26/1941**
(c) Where did injury occur? **East St Louis Ill**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **[Signature]** Date signed **6/24/41**

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

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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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No..... *3162*

P. O. Address..... *East St. Louis, Ill.*

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.