

FILED DEC 29 1944
Registration District No. 318

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 7 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert William Ayers

3. (b) If veteran, name war Nil
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Josephine Avres 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May 11 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 8 hr. min.

9. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Nood Mainord
(b) Address 5738 Enright Ave.

17. (a) Burial (b) Date thereof 12-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) DEC 20 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Lilbourn
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 12, 1944, to Dec. 19, 1944,
that I last saw him alive on Dec. 19, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Common gall stone

Due to 125

Due to Acute
Acute Hepatitis & Nephritis

Other conditions Hemian
(Include pregnancy within 9 months of death)

Major findings: Of operations none

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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

23. Signature F. R. Bradley (M. D. or another)
Address Barnes Hospital, Date signed 12/20/44

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

MOTHER FATHER

84K

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..... *E. W. Wilkin*
Licensed Embalmer No..... *35-75*

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, fact should be so stated above.