

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17137  
4558  
Registrar's No. \_\_\_\_\_

FILED MAY 27 1949

BIRTH NO. 30357-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Inf.</u>		d. STREET ADDRESS (If rural, give location) <u>1529 Papan Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby</u> b. (Middle) <u>Infant</u> c. (Last) <u>Byas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>None</u>	8. DATE OF BIRTH <u>May 21, 1949</u>
9. AGE (In years last birthday) _____		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 2 HRS. Hours _____ Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Illinois</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Florzell Byas</u>		13b. MOTHER'S MARDEN NAME <u>Eleen Williams</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florzell Byas</u> ADDRESS <u>1102 Colas Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (b) <u>Prematurity</u> <u>ANOXEMIA</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prematurity 6 1/2 mo.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) <u>159</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>776X</u>		22. I hereby certify that I attended the deceased from <u>May 21, 1949 to May 22, 1949</u> that I last saw the deceased alive on <u>May 22, 1949</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) <u>Edgar F. Windsor</u>		23b. ADDRESS <u>930 N. Lind St.</u>	
23c. DATE SIGNED <u>5/23/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) _____	
24b. DATE <u>May 24</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Douglas Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>East St. Louis Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. J. Crigger, 1036 Tulip and East St. Louis Ill.</u>	
DATE REC'D BY LOCAL REG. <u>MAY 24 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fusater</u>	

**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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.