

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39420

State File No. _____

No. 300
10-48

FILED NOV 22 1954

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|---|--|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>54L</u> | | Registrar's No. <u>2320</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> | | c. LENGTH OF STAY (In the place) <u>DOA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEMAY 87E</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSP</u> | | | | d. STREET ADDRESS (If rural, give location) <u>912 Lemay</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OWEN</u> b. (Middle) <u>DOUGLAS</u> c. (Last) <u>BYNUM</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3 1954</u> | | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JULY 23-1895</u> | |
| 9. AGE (In years last birthday) <u>59</u> | | IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> | | IF UNDER 18 HRS. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>MACHINIST</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MACHINE SHOP</u> | | 11. BIRTHPLACE (State or foreign country) <u>ALABAMA</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>JESSE BYNUM</u> | | | 13b. MOTHER'S MAIDEN NAME <u>FLORENCE DISHEROON</u> | | | 14. NAME OF HUSBAND OR WIFE <u>MAUDE 812 LEMAY</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES U. WAR - 1</u> | | 16. SOCIAL SECURITY NO. <u>41707-0496</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MAUDE BYNUM 812 LEMAY</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</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) | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) <u>Herbert R. Domke</u> Herbert R. Domke, M.D., Local Registrar | | | | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>10-14-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>Oct. 6-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY, <u>WINFIELD A.L.A.</u> | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. <u>10/4/54</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domke</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward Fisher 5611 S. Grand</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 with the above constitutes grounds for revocation of license.)

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