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Reg. #5587
SL #2954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16437

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4219**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo.	c. LENGTH OF STAY (in this place) 134 days	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		STREET ADDRESS (If rural, give location) 1956 Sidney Street	

3. NAME OF DECEASED (Type or Print) HARRY D. AYERS			4. DATE OF DEATH May 12, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/21/88	9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery Worker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA				

13a. FATHER'S NAME John W. Ayers	13b. MOTHER'S MAIDEN NAME Mary Mc Court	14. NAME OF HUSBAND OR WIFE Mayme Ayers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1	16. SOCIAL SECURITY NO. 489-14-0903	17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF TONSILS WITH GENERALIZED METASTASES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 145X	

22. I hereby certify that I attended the deceased from **12/29**, 19**54**, to **5/12**, 19**55** and that death occurred at **2:55** A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Earl Smith</i> J. Earl Smith, M.D.	23b. ADDRESS VA Hosp., St. Louis, Mo.	23c. DATE SIGNED 5/12/55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 16 1955	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Kutes</i>	ADDRESS 2906 Morris
DATE REC'D BY LOCAL REG. MAY 12 1955	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>	

S.P. (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.....
Signature of Student Embalmer

Signed.....
Lo J. Bussler
Licensed Embalmer No. *379*

P. O. Address.....
St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.