

FILED JAN 11 1956

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REG. 10875 SL 4835

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41890

State File No. ....

318

1003

Registrar's No. 11376

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>111 days</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3430 Longview Drive</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carol</b>			b. (Middle) <b>George</b>		c. (Last) <b>Byers</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>12-27-55</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>9-23-30</b>		9. AGE (In years last birthday) <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Apprentice Machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Elvins, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>George Byers</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Ware</b>	
14. NAME OF HUSBAND OR WIFE <b>Betty J. Byers</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes Korean</b>		16. SOCIAL SECURITY NO. <b>490325070</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MO.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myelogenous leukemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>16 mos.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 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)		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 <b>9-7</b> , 19 <b>55</b> , to <b>12-27</b> , 19 <b>55</b> , and that death occurred at <b>2:25 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Hy F. Westphaelinger</b> (Degree or title)		23b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		23c. DATE SIGNED <b>12-27-55</b>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <b>12/29/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Louis</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edward Fendley</b>			
DATE REC'D BY LOCAL REG. <b>DEC 27 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		ADDRESS <b>5611 S. Grand</b>	

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.....  
*Ben E. [Signature]*

Licensed Embalmer No.....  
*42*

P. O. Address.....  
*[Signature]*

**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.