XC-12 748 674
SL-15404 FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45680 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12507

1. PLACE OF DEATH
a. COUNTY ST
b. CITY OR TOWN ST LOUIS, MISSOURI — Inside Limits Yes XX No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VAH, 915 N. GRAND — Length of stay in 1b 29 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY
c. CITY OR TOWN MOUNT OLIVE 12 — Inside Limits Yes X No
d. STREET ADDRESS 32 603 E. MAIN ST. (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First JOHN Middle BYOTS Last
4. DATE OF DEATH Month 12 Day 26 Year 57

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 5/18/20
9. AGE (In years last birthday) 37 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (City and state or country) MOUNT OLIVE, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN BYOTS
13b. MOTHER'S MAIDEN NAME CATHERINE BELRIDGE
14. NAME OF HUSBAND OR WIFE VIOLET BYOTS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO. 330161752
17. INFORMANT Address VAH, 915 N. GRAND AVE., ST. LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) GENERALIZED PERITONITIS — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARCINOMATOSIS
DUE TO (c) CARCINOMA OF THE STOMACH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151 X

19. WAS AUTOPSY PERFORMED? YES X NO

20a. ACCIDENT SUICIDE HOMICIDE NONE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/27/57 to 12/26/57 and last saw him alive on 12/26/57
Death occurred at 1:05 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Leroy Fink (Degree or title) LeRoy Fink MD
22b. ADDRESS VAH, ST. LOUIS, MO.
22c. DATE SIGNED 12/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-28-57
23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) (State) Mt.Olive Ill

24. FUNERAL DIRECTOR Albert H.Hoppe ADDRESS 4700 Washington
25. DATE RECD. BY LOCAL REG. DEC 27 57
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Securing the Medical Certification in the specific manner required by 193.140 RSMo 1949.

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 Stanley H. Dixon

Licensed Embalmer No. 4693

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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