

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Township

or Village

or City

St. Louis Mo. 8335

Registration District No. 791

Primary Registration District No. 1003

City Hospital St. 8

File No. 36126

Registered No. 9493

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Herbert Byrd

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED widower
MARRIED WIDOWED OF, DIVORCED (Write the word)

6 DATE OF BIRTH Dec. 2, 1892
(Month) (Day) (Year)

7 AGE 25 yrs. 10 mos. 9 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Oil worker (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE Ind.
(City or town, State or foreign country)

10 NAME OF FATHER Wm. Byrd

11 BIRTHPLACE OF FATHER Ind.
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Kathrine Biehl

13 BIRTHPLACE OF MOTHER Germany
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Otto P. Bittsch

(Address) City Hospital

15 OCT 13 1918

Filed. 1918 May 6 Starkloff

Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 11, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 8, 1918, to Oct 11, 1918, that I last saw him alive on Oct 11, 1918, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* was as follows:
Influenza 10
114
107H

CONTRIBUTORY (Secondary) Broncho-pneumonia

(Signed) Geo. E. Kern, M. D.
Oct 12, 1918 (Address) City Hospital

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. 1 mos. 1 ds. In the State yrs. 1 mos. 1 ds.

Where was disease contracted if not at place of death?

Former or usual residence. Warren Ind.

19 PLACE OF BURIAL OR REMOVAL Warren Ind. DATE OF BURIAL 10-13-1918

20 UNDERTAKER Witt Bros L & Co 2929 So. Jefferson Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

1 PLACE OF DEATH

County
 Township
 or
 Village
 or
 City
 Registration District No.
 Primary Registration District No.
 (NO.) St. Ward
 File No.
 Registered No.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL-STATISTICS CERTIFICATE OF DEATH

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 4 COLOR OR RACE
 5 SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

6 DATE OF BIRTH
 (Month) (Day) 1 (Year)
 7 AGE
 yrs. mos. ds.
 If LESS than
 1 day hrs.
 or min.?

8 OCCUPATION
 (a) Trade, profession, or
 particular kind of work
 (b) General nature of industry
 business, or establishment in
 which employed (or employer)

9 BIRTHPLACE
 (City or town,
 State or foreign country)

10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER
 (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant)
 (Address)

15 Filed 191 Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH
 (Month) (Day) 191 (Year)

17 I HEREBY CERTIFY, that I attended deceased from
 191 to 191
 that I last saw him alive on 191
 and that death occurred, on the date stated above, at
 The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary) yrs. mos. ds.
 (Signed) yrs. mos. ds.
 191 (Address) M. D.

*State the Disease Causing Death, or, in death from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients,
 or Recent Residents)
 At place of death yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191
 20 UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.