

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.

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

Do not use this space.

17446

1. PLACE OF DEATH

County.....

Registration District No. 291

Township.....

Primary Registration District No. 293

City St. Louis, Mo.(No. 2212 Dekalb Street)

File No.

Registered No. 4343

St. Ward)

2. FULL NAME

Richard L. Byrd(a) Residence, No. 6716 Chamberlain Avenue

(Usual place of abode)

Ward. 23St. Louis, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Divorced (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGertrude Byrd6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1884

7. AGE

YEARS

48

MONTHS

2

DAYS

29

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Ass't. Salesmanager9. Industry or business in which
work was done, as silk
saw mill, bank, etc.Pioneer Cooperage Co.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Newbern,
North Carolina

FATHER

13. NAME

Richard Byrd

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

17. INFORMANT

(ADDRESS)

Gertrude Byrd
6716 Chamberlain Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Peters

DATE

May 4th,1932

19. UNDERTAKER

(ADDRESS)

2201 S. Grand Boulevard

20. FILED

14-3 1932May 4thSt. LouisRegistrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 2nd, 19 32

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 8:15 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Coronary Sclerosis
Chronic Interstitial
Nephritis

Other contributory causes of importance:
131
940
131
5
7

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed).....

(Address).....

