

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital, En route** St. **21062** Ward)

File No. ....  
Registered No. **5565**

2. FULL NAME

**Melba J. Byrd.**  
(a) Residence, No. **916 Chambers** St., **26** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 3<sup>rd</sup> 1927**

7. AGE YEARS **4** MONTHS **7** DAYS **9** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **none**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **210 W 189 A**

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) **St. Louis Mo**

13. NAME **Mrs. D. Byrd.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ask**

15. MAIDEN NAME **Neomia Faulkner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Stanton Mo**

17. INFORMANT **Mrs. D. Byrd.** (ADDRESS) **916 Chambers St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Stanton Mo** DATE **June 15<sup>th</sup> 1932**

19. UNDERTAKER **Wm. F. Paschedag** (ADDRESS) **2825 No. Esmond St.**

20. FILED **JUN 13 1932** Registrar **Wm. F. Paschedag**

MEDICAL CERTIFICATE OF DEATH

**No Physician in Attendance**  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 12<sup>th</sup> 1932**

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 **6:30 P.M.**

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

**Shock + injuries from automobile of Braun Fractures skull struck by auto of St. Louis Mo.**

Other contributory causes of importance: **While Crossing Street**

**210 Accident**

Name of operation **(5) (7)** 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? **Accident** Date of injury **6/12, 1932**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public place**  
Manner of injury **struck by auto**  
Nature of injury **Fractures of skull**

24. Was disease or injury in any way related to occupation of deceased? If so, specify **J. W. Kerne M.D.**

(Signed) **J. W. Kerne** (Address) **1424 Cornwell**

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.

WRITE PLAINLY, WITH OUTLINE

