

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

432

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **4961 Harney** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Benjamin Albert Byrd 630**

(a) Residence, No. **4961 Harney** St. **7** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Husband of Rebecca Byrd**
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15, 1877**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
60 7 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Printing Office**
 10. Date deceased last worked at this occupation (month and year) **1938**
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **De Soto**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Luther Byrd**
 14. BIRTHPLACE (CITY OR TOWN) **England**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Unknown Martin**
 16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

17. INFORMANT **Rebecca Byrd**
 (ADDRESS) **4961 Harney**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **De Soto, Mo.** DATE **Jan. 10, 1938**

19. FUNERAL DIRECTOR **W. H. McLaughlin**
 (ADDRESS) **2301 Lafayette Ave.**

20. FILED **JAN 10 1938** **J. Bredeck**
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 8, 1938**

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. **7:30 PM.**
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion
g4b
Arteriosclerosis
 Other contributory causes of importance:
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **No**

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..... **See above**
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **Alfred J. Perry**
 (Signed)..... (Address).....
D. J. Corcoran

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 5633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed

L. R. Cooper

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)