

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D AUG 12 1938

23663

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City *St. Louis, mo* (d) Street No. *3022 Clark* 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

(a) Residence, No. *3022 Clark, ave* St. *18*
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Clarence Byrd*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 8, 1880*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housewife*
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) *Illinois*

13. NAME *Unknown*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

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

17. INFORMANT *Clarence Byrd*
 (ADDRESS) *3022 Clark, ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *July 17, 1938*

19. FUNERAL DIRECTOR (NAME) *English Und. Co*
 (ADDRESS) *2939 Lucas ave*

20. FILED *16 1938* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/12, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *6/11, 1938*, to *7/12, 1938*
 I last saw him/her alive on *7/11, 1938* Death is said to have occurred on the date stated above, at *10:00 a.m.*
 The principal cause of death and related causes of importance were as follows:

Myocarditis, acute Date of onset *3/11*
cause unknown

Other contributory causes of importance:

Nephritis, chronic

Name of operation..... Date of.....
 What test confirmed diagnosis? *Autopsy* 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify.....
 (Signed) *Joseph P. Thompson*, M. D.
 (Address) *3337 S. 2nd St.*

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, _____

Louis V. Atkins

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Louis V. Atkins

Licensed Embalmer No. _____

2842

P. O. Address _____

3644 Finnie

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 this body is not embalmed, above space should be left blank.