

DEC'D OCT 12 1938

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

30488

Do not use this space.

7925

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... St. Louis (d) Street No. Homer Phillips Hospital St.
 (e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jerry Byrd
 (a) Residence, No. 3953 W Bell St. 11
 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. ~~WIDOWED, OR DIVORCED~~
 HUSBAND OF Susie Byrd unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown- 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 68

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 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) Unavailable
 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

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 Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Washington Park DATE Sept. 8, 1938

19. FUNERAL DIRECTOR (NAME) Chas. G. Gales
 (ADDRESS) 4107 Finney Avenue

20. FILED SEP - 7 1938 J. B. Beck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from
Aug. 12, 1938 to Sept. 4, 1938

I last saw him alive on Sept. 4, 1938 Death is said

to have occurred on the date stated above, at 1:20 p. m.
 The principal cause of death and related causes of importance were as follows:

Senile Dementia, not paralytic
of Insane
Generalized arterio sclerosis
 Date of onset 8/12/38

Other contributory causes of importance:
97

Name of operation..... Date of.....
 What test confirmed diagnosis? clinical 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?.....
 If so, specify A. J. Lynn M. D.
 (Signed) A. J. Lynn
 (Address) 2601 N Whittier

STATEMENT TO BE MADE BY THE EMBALMER
OF THE BODY OF THE DECEASED
AND TO BE FILED IN THE RECORDS OF THE
DEPARTMENT OF HEALTH

RECEIVED

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,

James A. Johnson

or by

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

Signed

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.