

No. 2  
13-40  
17-39  
X

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33144

State File No.

OCT 10 1940

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Bine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6103 Charlotte Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT  
FULL NAME Clara Alice Byrd

3. (b) If veteran,  
name war No. 3. (c) Social Security  
No. None

4. Sex Female 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced Widowed  
6. (b) Name of husband or wife Leo F. 6. (c) Age of husband or wife if  
alive years  
7. Birth date of deceased March 24 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 6 6 hr. min.

9. Birthplace Seventy Six Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Dempster  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Lawson  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel McAuliff  
(b) Address 6103 Charlotte Ave.

17. (a) Removal (b) Date thereof 10-1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brazeau, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) SEP 30 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry  
(c) City or town Brazeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30  
year 1940 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from  
January 19 1940 to Sept. 30 1940  
that I last saw her alive on Sept. 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Generalized  
Arterio-sclerosis, Chr. Inter-  
stitial Nephritis, Senile  
Dementia, Chr. Myocarditis,  
Chr. Endocarditis, Mitral  
Insufficiency-Decompensated  
Secondary: Myocardial Decompensation  
Uremia, Uremic Coma - 2 wks.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

Duration  
?  
?  
?  
?  
?  
2 wks.  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence --  
(c) Where did injury occur? --  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? --

23. Signature [Signature] (M. D. or other) M. D.  
Address 3718 Jennings Rd. Date signed 9-30-40  
Pine Lawn

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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, or by.....

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

Signed.....

*Guy W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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, fact should be so stated above.**