

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 12456
2886

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo-24 days
(Specify whether years, months or days)
In this community 28 years

3. (a) PRINT FULL NAME Anna Mae Byrd

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col 6. (a) Single widowed, married, divorced
6. (b) Name of husband or wife Joe 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased July 6th 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Trenton Yankee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lorine Elder

13. Birthplace Trenton Yankee
(City, town, or county) (State or foreign country)

14. Maiden name Williamae Wadsworth

15. Birthplace Trenton Yankee
(City, town, or county) (State or foreign country)

16. (a) Informant Lorine Elder

(b) Address 3416 Bell Ave

17. (a) Burial (b) Date thereof 4-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Randle & Son

(b) Address 3133 Bell Ave

19. (a) APR - 2 1941 (b) J. H. Randle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 816 N. 17th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1941 hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from February 5, 1941 to March 29, 1941
that I last saw her alive on March 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchopneumonia 48 hr.
Atelectasis
Due to Carcinoma of Rt. ovary Indef.
and Peritoneum

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. A. Whittier (M.D. or other) _____

Address 2601 N. Whittier Date signed _____

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

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 _____

Licensed Embalmer No. _____

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.