

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registrar's No.

27236

7028

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County..... St Louis  
(b) City or town..... St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution..... Homer G Phillips U  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 12 days  
In this community. 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Clara Byrd

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

4. Sex F 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years 28 1876 (Month) (Day) (Year)

7. Birth date of deceased. 6 28 1876 (Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 0 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Anthony Brown

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

14. Maiden name Ellen (City, town, or county) (State or foreign country)

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

16. (a) Informant R. B. Damon

(b) Address 3018 Brantner

17. (a) Burial (b) Date thereof 8-30-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwald

18. (a) Signature of funeral director Lloyd English

(b) Address 2931 Lucas Ave

19. (a) AUG 30 1941 (b) J. H. Fredrick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St Louis 1721  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3018 Brantner p.l. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1941 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from August 16 1941 to August 28 1941 that I last saw her alive on August 28 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage Duration Prob 4 das

Due to Hypertensive Heart Disease, Prob 8 yrs

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. W. Johnson (M. D. or other) Address 2701 N Whittier Date signed

**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

*Burleson English*

Licensed Embalmer No.

*4208*

P. O. Address

*2931 Lucas*

**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.**