

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12472
Registrar's No. 3511

FILED APR 27 1942 91

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS MO
(c) Name of hospital or institution: Harner Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community... years, months or days

3. (a) PRINT FULL NAME CLARENCE BYRD

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

4. Sex MALE 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 1999

7. Birth date of deceased June 8 1999
(Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation labor

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Willie A. Williams

(b) Address 3106 Lawton

17. (a) Father Dickson (b) Date thereof Apr. 20 1942
(Burial, ~~removal~~) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson's grave

18. (a) Signature of funeral director Enoch J. Co.

(b) Address 2931 Luga ave

19. (a) APR 20 1942 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town 3002 Clark 1817
(If outside city or town limits, write "RURAL")
(d) Street No. St Louis (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from

that I last saw h... alive on... 19... to... 19...

and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to Lucia Fortiter
cardiac perforation

Due to 30

Other conditions (Include pregnancy within 3 months of death) 34

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 3

23. Signature Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date signed 4/24/42

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1942

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 Ave*

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.