

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8144

State File No.

Registrar's No.

2850

DEC APR 1 1943 18

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3914a South Grand Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... Unknown (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Lillie F. Byrd

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 22, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 1 hr. min.

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

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER { 12. Name Luther Byrd
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Boos
(b) Address 3914a S. Grand Ave.

17. (a) Burial (b) Date thereof 3 27 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Thacker, Helms & Co.

(b) Address 3634 Gravois Avenue

19. (a) MAR 25 1943 (b) J. F. Bedeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3914a S. Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Sclerosis
Arteriosclerosis
Due to.....
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) (a) Means of injury.....

23. Signature Thomas F. Callahan (M. D. or other) 3
Address Deputy Coroner Date signed 3-26-43

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. *2615*

P. O. Address. *St Louis Mo*

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.