

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4110
Registrar's No. 14

FILED FEB 10 1944
Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1001 S. Benton Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 South Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Byrd Black
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or Race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathie Black
(Beich) Black 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased September 12 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 11
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis County, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Tobacco

11. Industry or business American Cigar & Candy Co.

12. Name Castley Black

13. Birthplace St. Louis County, Mo
(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 Hester D. Webb
(b) Address Chicago, Illinois

17. (a) Burial (b) Date thereof Jan. 9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem. St. Charles Mo

18. (a) Signature of funeral director H.C. Daffney & Sons Co.
(b) Address 501 N. Second, St. Charles, Mo

19. (a) 1/6/44 (b) Byrd Black
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 24 1943 to Jan 3 1944
that I last saw him alive on Jan 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic heart disease Duration 3 mos. +
mitral regurgitation

Due to General chronic arterio-sclerosis. 3 mos. +

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations none
Of autopsy none
PHYSICIAN W.P.P.
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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? no (Specify type of place) (e) Means of injury none

23. Signature Will L. Freeman (M. D. or other)
Address St Charles Mo Date signed 1/6/44

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 John E. Dallmeier

Licensed Embalmer No. 2957

P. O. Address St Charles 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.