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DEPARTMENT OF COMMERCE
FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 716

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County. ST LOUIS
(b) City or town. KOCH
(c) Name of hospital or institution: RO ST. KOCH HO SP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 49 4 mo 22 days
In this community 22 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME. B YRD, NOBLE
3. (b) If veteran, name war. _____
3. (c) Social Security No. NONE

4. Sex M
5. Color or race C
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife. Lizzie Byrd
6. (c) Age of husband or wife if alive 21 55 years
7. Birth date of deceased June 14 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 5
If less than one day hr. min.

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

10. Usual occupation Porter

11. Industry or business

MOTHER { 12. Name John Byrd
13. Birthplace Columbus Ga
(City, town, or county) (State or foreign country)
14. Maiden name Marietta Ramsey
15. Birthplace Columbus Ga
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital record
(b) Address Robt Koch Hosp

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof March 24 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street
MAR 23 1944

19. (a) (Data received local registrar)
(b) E. S. Mc Gowan, JR.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 12
(c) City or town ST LOUIS 7
(If outside city or town limits, write "RURAL")
(d) Street No. 2841 a Walnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 19
year 1944 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct 21 1939 to March 19 1944
that I last saw him alive on March 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Sy. bno?

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1361

Of autopsy Pulm. Tuberculosis
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

Signature Frank Cohen (M. D. or other)

Address Robt Koch Hosp Date signed 3/20/44

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

FILED
100

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 Joel W. Russell Jr.
Licensed Embalmer No. 4364

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.