

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

NOLLIE BYRD

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DOROTHY 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased NOV. 27 1905
(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 28 If less than one day hr. min.

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

10. Usual occupation MECHANIC

11. Industry or business PULLMAN CO.

12. Name LOUIS BYRD

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

14. Maiden name MARTHA DVOLEY

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

16. (a) Informant Dorothy Byrd

(b) Address 5637 Enright Ave

17. (a) BURIAL (b) Date thereof JAN 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director R. Mullen and Co

(b) Address 5165 Delmar Rd

19. (a) JAN 27 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ford
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5637 ENRIGHT AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25th
year 1947 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased 1/8/47
19, to 1/25/47, 19;
that I last saw him alive on 1/25/47, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to General Paralysis
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? I. Lowry Brown
(Specify type of injury)

23. Signature 1515 Lafayette 1/25/47 or other.
Address 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.....

K. G. Harris

Licensed Embalmer No.....

3384

P. O. Address.....

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. SubRegistration District No. 318Primary Registration District No. 1003Registrar's No. 874

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:

(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)3. (a) PRINT
FULL NAME Nellie Byrd

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Mar 27 1917
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

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

16. (a) Informant (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (Date received local registrar) (b) J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Year 1947 hour 4 minute 4 M.

21. I hereby certify that I attended the deceased from 1947 to 1947,
that I last saw him alive on Mar 27 1947 and that death occurred on the date and hour stated above.
Immediate cause of death AR

Duration

- 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 sta-
tistically.

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 (M. D. or other)
Address Date signed

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