

FILED APR 8 1947
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UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 10640

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3225

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-Days
(Specify whether years, months or days)
In this community 7-Days

3. (a) PRINT FULL NAME

Bonnie Lee Byrd

3. (b) If veteran, name war none

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 none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased March 17-1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 7 hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Everett L. Byrd
13. Birthplace Camtwell Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hilda Brummond
15. Birthplace Norfolk Nebraska
(City, town, or county) (State or foreign country)

16. (a) Informant Everett L. Byrd
(b) Address 3318-Orford, St. Louis Mo.

17. (a) Removal (b) Date thereof Mar. 24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Cem. Orville Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo.

19. (a) MAR 26 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3318 Orford
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1947 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from March 17, 1947, to March 24, 1947
that I last saw her alive on March 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Gastro enteritis Duration 5 days

Due to 151
Due to _____

Other conditions Premature Infant 7 1/2 months
(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) (e) Means of injury _____

23. Signature Vincent A. Samuel (M. D. or other) MD
Address 3101 Sutter St Maplewood Date signed 3-24-47

Not embalmed.

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.....

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.