

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11796
Registrar's No. 768

Registration District No. 377

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3104 Big Bend
(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

James W. Byrd

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife
Mary nee Peters
6. (c) Age of husband or wife if
alive 79 years
7. Birth date of deceased Dec. 13 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 18 hr. min.

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

10. Usual occupation Retired Coal Miner

11. Industry or business

12. Name Unknown
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 Elmer & Michael Byrd
(b) Address 3104 Big Bend

17. (a) Burial (b) Date thereof Apr. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal Oak Hill

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 4-7-47 (b) Paul A. J. Shoup
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3104 Big Bend
(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 31
year 1947 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from
Aug 24 to March 31, 1947
that I last saw him alive on March 30 - 1947, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Paranoma 48 left lung Indefinite
Due to Ch. myocarditis Indefinite
Due to Arteriosclerosis Indefinite

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) (e) Means of injury

23. Signature Paul A. J. Shoup (M. D. or other)
Address 3028 Granada Date signed 3-31-47

Wilson
3228
2-5

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Monches

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.