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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15830
Registrar's No. 935

Registration District No. 317 Primary Registration District No. 3063

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Mo.
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days) 15 years

3. (a) PRINT FULL NAME Byrd, Myra
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Wiley Byrd (deceased) 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 5 1867
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Peters
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 Maude Wiedig
(b) Address 4511 Parkview Pl., St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) 4-26-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(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? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1947 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from April 7th
1947 to April 21st, 1947
that I last saw her alive on April 21st, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency
Duration

Due to Renal arteriosclerosis

Due to [Signature]

Other conditions Reactive depression
(Include pregnancy within 3 months of death) Paraphimosis

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 [Signature] (M.D. or other)
Address 601 S. Brentwood, Clayton Date signed 4-22-47

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. Johnson

Licensed Embalmer No. 3454

P. O. Address 7456 Main St

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.