S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36455

FILED OCT 29 1947
Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2220

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(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 1 Day (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town Lemay (If outside city or town limits, write "RURAL")
(d) Street No. #4 Summitt (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Louise Byrd
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 21 (Day) 1939 (Year)

8. AGE: Years 8 Months 4 Days 25 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER
12. Name Luther Byrd
13. Birthplace Bertrand (City, town, or county) Mo. (State or foreign country)

FATHER
14. Maiden name Margaret Lyons
15. Birthplace Portage De Sioux (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Luther Byrd
(b) Address #4 Summitt, Lemay

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mattese, Mo.

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave

19. (a) 10-21-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1947 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from Oct. 15, 1947 to Oct. 16, 1947 that I last saw her alive on Oct. 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	
Due to Bulbar	
Due to acute anterior poliomyelitis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M.D. (M. D. or other)
Address 601 Brentwood Blvd Date signed 10/24/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 V E Morris

Licensed Embalmer No. 3360

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.