DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23363

Registration District No. 122 — Primary Registration District No. 3395 — Registrar's No. 47

1. PLACE OF DEATH: (a) County JEFFERSON — Body found in Mississippi River
(b) City or town NEAR KIMMSWICK Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State ILLINOIS (b) County ST. CLAIR
(c) City or town EAST ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 124 N. 51ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME CLYDE CHANDLER BYRD
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. ____

4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased AUG (Month) 19 (Day) 1896 (Year)

8. AGE: Years 51 | Months 11 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace TENNESSEE (City, town, or county) (State or foreign country)
10. Usual occupation MAINTENANCE MAN
11. Industry or business GLASS PLANT

MOTHER FATHER
12. Name GEORGE W BYRD
13. Birthplace TENNESSEE (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name AMANDA MCCARTY
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant Lillian Byrd
(b) Address 124 N 51ST EAST ST. LOUIS ILL
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation DOVER, TENNESSEE
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO
19. (a) July 27 48 (Date received by local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 25 year 1948 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Drowning In Mississippi River	
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 statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Undetermined 50
(b) Date of occurrence Undetermined
(c) Where did injury occur? River (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 T. B Edwards (M. D. or other) Coroner
Address Cedar Hill Date signed 7/25/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
OCT 7 1948
JAN 31 1949

District File Number
Date Filed AUG 4 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elmer Helbig

Licensed Embalmer No. 3571

P. O. Address Kimmswick, Mo.

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.