

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20851

State File No. \_\_\_\_\_  
Registrar's No. **5456**

FILED JUL 5 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>5456</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>000</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 0</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis 17</b>					
c. LENGTH OF STAY (in this place) _____				d. STREET ADDRESS (If rural, give location) <b>9- 4901 N. Broadway 8</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>									
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Ritchie</b>		b. (Middle) <b>Lilburn</b>		c. (Last) <b>Byrd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1949</b>	
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>		8. DATE OF BIRTH <b>March 11, 1875 74</b>		9. AGE (In years last birthday) <b>74</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Physician</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Jefferson Co., Mo. 0</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Gabriel Byrd</b>				13b. MOTHER'S MAIDEN NAME <b>Mandora Donnell</b>				14. NAME OF HUSBAND OR WIFE <b>Gertrude Byrd</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Winnie Francis, Bonne Terre, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Haemorrhage</b> DUE TO (c) <b>Hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>2 days</b> <b>2</b>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>102</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>4444-X</b>					
22. I hereby certify that I attended the deceased from <b>June 21, 1949</b> , to <b>June 22, 1949</b> , that I last saw the deceased alive on <b>June 22, 1949</b> , and that death occurred at <b>11:45 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Reinert Ham M.D. (1)</b>				23b. ADDRESS <b>1117 N. Grand</b>				23c. DATE SIGNED <b>June 23/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Methodist</b>		24d. LOCATION (City, town, or county) (State) <b>Festus, Mo. 75</b>			
DATE REC'D BY LOCAL REG. <b>JUN 24 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>			
						ADDRESS <b>4700 Washington Blvd.</b>			

(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clement McMeary

Licensed Embalmer No. 3732

P. O. Address St Louis

**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.