

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2345**
828
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2345 828	
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4179 W. Bell Ave.				d. STREET ADDRESS (If rural, give location) 4179 W. Bell Ave			
3. NAME OF DECEASED (Type or Print)		a. (First) Lewis		b. (Middle) Byrd		c. (Last) Byrd	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 23, 1890	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Griffin, Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Robert Byrd		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jessie Byrd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 493-10-8582		17. INFORMANT'S SIGNATURE OR NAME Jessie Byrd		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Embolism Chronic Inter Myocarditis		19. INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. MEDICAL CERTIFICATION II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) 4201		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan 1, 1950 , to Jan 24, 1950 , that I last saw the deceased alive on Jan 24, 1950 , and that death occurred at 8:45 P m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Stanley Bernick	
23b. ADDRESS 4955 Delmar		23c. DATE SIGNED Jan 25, 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-50	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County		25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts		25. ADDRESS 1416 N. Taylor Ave	
DATE REC'D BY LOCAL REG. JAN 26 1950		REGISTRAR'S SIGNATURE J.B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts		25. ADDRESS 1416 N. Taylor Ave	

(Licensed Embalmer's Statement on Reverse Side)

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

James E. Culkin
Student Embalmer

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 _____

James E. Culkin

Licensed Embalmer No. *4198*

P. O. Address: *Winnipeg 13, M.*

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.