

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43323

State File No. ....

FILED JAN 10 1953

BIRTH NO. 878116 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11364

1. PLACE OF DEATH a. COUNTY <u>—</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u> <u>439</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess</u>		d. STREET ADDRESS (If rural, give location) <u>10715 Lackliss</u>	
3. NAME OF DECEASED a. (First) <u>Gary</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Byrd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 8, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>intact</u>	8. DATE OF BIRTH <u>December 7, 1952</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>intact</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9. AGE (In years last birthday) <u>11</u> IF UNDER 1 YEAR Months <u>29</u> IF UNDER 12 HRS. Hours <u>—</u> Min. <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>Willie Garfield Byrd, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Louise Miller</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>—</u>	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. Byrd, Jr.</u> ADDRESS <u>10715 Lackliss Overland</u>	
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) <u>Pulmonary Congestion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postmature Delivery</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>7635</u>		22. I hereby certify that I attended the deceased from <u>Dec 7, 1952</u> , to <u>Dec 8, 1952</u> , that I last saw the deceased alive on <u>Dec 7, 1952</u> , and that death occurred at <u>10:40 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank E. Robertson, M.D.</u> (Degree or title)		23b. ADDRESS <u>634 W. Grand</u>	
23c. DATE SIGNED <u>12-9-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>12-11-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis Cemo</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. R. T. MANN</u> ADDRESS <u>Home 9222 Lackliss Overland</u>	
DATE REC'D BY LOCAL REG. <u>DEC 10 1952</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith</u> (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 \_\_\_\_\_

*Al C Ostmann*

Licensed Embalmer No. *3478*

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.