

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

6002

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

2086

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **ST. LOUIS, MISSOURI**c. LENGTH OF
STAY (In this place)d. FULL NAME OF
HOSPITAL OR
INSTITUTION **ST. LOUIS CITY HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY
OR
TOWN **St. Louis**d. Is Residence within limits of
a city or incorporated town?
Yes ☐ No ☐e. STREET
ADDRESS

(If rural, give location)

20 2138a Salisbury Str**2209**3. NAME OF
DECEASED
(Type or Print)

a. (First)

JANET

b. (Middle)

c. (Last)

BYRD4. DATE
OF
DEATH

(Month)

MARCH

(Day)

4,

(Year)

1954

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)**single**

8. DATE OF BIRTH

Feb. 25, 19469. AGE (In years
last birthday)**8**

10. UNDER 1 YEAR

Months

11. UNDER 1 YEAR

Days

12. UNDER 1 YEAR

Hours

13. UNDER 1 YEAR

Mins.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)**none**10b. KIND OF BUSINESS OR IN-
DUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

BSt. Louis Mo.12. CITIZEN OF WHAT
COUNTRY?

13a. FATHER'S NAME

James E Byrd.

13b. MOTHER'S MAIDEN NAME

Alice Bivens

14. NAME OF HUSBAND OR WIFE

X X X X X X X X X X X X15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

ADDRESS

Mrs. Alice Frischmann 2138a Salisbury18. 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, asthenia,
etc. It means the dis-
ease, injury, or complica-
tion which caused death.

I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

**Acute Leukemia of undifferentiated
type, with severe secondary anemia**

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

INTERVAL BETWEEN
ONSET AND DEATH**8 mos.**19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒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)

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

2043

22. I hereby certify that I attended the deceased from **3-1-54**, 19____, to **3-4-54**, 19____, that I last saw the deceased
alive on **3-4-54**, 19____, and that death occurred at **1:45 P** m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

Mary A. Davis, M.D.

23b. ADDRESS

1515 Lafayette Avenue

23c. DATE SIGNED

3-5-5424a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24b. DATE

Mar. 8, 1954

24c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

24d. LOCATION (City, town, or county)

St. Louis County Mo.

(State)

DATE REC'D BY LOCAL
MAR 6 1954

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Henry Leidner Und. Co 2223 St. Louis Ave

(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.....
Signature of Student Embalmer

Signed.....

John J. Haines

Licensed Embalmer No. *41*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.