

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20280

State File No. ....

FILED JUL 1 - 1954

BIRTH NO. 25017-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4863

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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 OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>8030 Pontiac ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Frank</u> c. (Last) <u>Byrd</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5. 31-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>4-3-54</u>
9. AGE (In years last birthday) <u>1</u>	10. UNDER 1 YEAR <u>28</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
13a. FATHER'S NAME <u>Raymond J. Byrd</u>	13b. MOTHER'S MAIDEN NAME <u>Wanda Hopkins</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. Johnston 500 S. Kingshighway</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>Congenital heart disease - transposition of the great vessels</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.	
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) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7544</u>		
22. I hereby certify that I attended the deceased from <u>5-31</u> , 1954, to <u>5-31</u> , 1954, that I last saw the deceased alive on <u>5-31</u> , 1954, and that death occurred at <u>3:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. K. Klingberg</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Childrens Hospital</u>	23c. DATE SIGNED <u>6-1-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
DATE REC'D BY LOCAL REG. <u>JUN 1 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Ziegenhein &amp; Sons 7027 Gravois</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 E. F. Kidwell  
Licensed Embalmer No. 3877

P. O. Address 7027 Gra

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.