

FILED APR 18 1955
Reg. 7468 SL-5231

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13177**
Registrar's No. **3193**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 11 days		STREET ADDRESS (If rural, give location) 10 4525a San Francisco 21090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) OWEN c. (Last) BYRD		4. DATE OF DEATH (Month) (Day) (Year) 4-8-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-11-92
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Paul Brown Bldg.,	11. BIRTHPLACE (City and State or Foreign Country) DeSoto, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Luther Byrd		13b. MOTHER'S MAIDEN NAME Effie Post	14. NAME OF HUSBAND OR WIFE Marie Byrd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-1		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, Mo.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left adrenal with metastasis to lungs and liver. INTERVAL BETWEEN ONSET AND DEATH Unknown ANTECEDENT CAUSES Morbid 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 1. Laennec's Cirrhosis with esophageal varices. 2. Pulmonary edema and congestion. 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? 195X	
22. I hereby certify that I attended the deceased from 3-28-55 , 19____, to 4-8-55 , 19____, and that death occurred at 1:15 pm. , from the causes and on the date stated above.			
23a. SIGNATURE Donald E. Clark		23b. ADDRESS VA Hospital M.D. 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 4-8-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/12/55	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
DATE REC'D BY LOCAL REG. APR 11 1955	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CALVIN F. FEUTY, 4828 Natural Bridge Blvd. FUNERAL HOME, Inc., St. Louis, 15, Missouri	

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..... *Ralph C. Lunde*

Licensed Embalmer No. 42

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