

FILED MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17656
17656
4570
Registrar's No.

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

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 township) St. Louis	c. LENGTH OF STAY (in this place)	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		• STREET ADDRESS (If rural, give location) 10 3238a Bailey Avenue 210%	

3. NAME OF DECEASED (Type or Print) ROSS	a. (First)	b. (Middle) (JACK)	c. (Last) BYRD	4. DATE OF DEATH (Month) (Day) (Year) May 9, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 4, 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and State or Foreign Country) Effingham, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Byrd	13b. MOTHER'S MAIDEN NAME Fannie Smith	14. NAME OF HUSBAND OR WIFE Grace Byrd
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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. None	17. INFORMANT'S SIGNATURE OR NAME Grace Byrd, 3238a Bailey Avenue	ADDRESS
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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, ashenia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 Month 1 Month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure Congestive heart failure Coronary insufficiency Pulmonary edema		
	II. OTHER SIGNIFICANT CONDITIONS Hepatic stasis Hepatic Stasis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 5-9-56	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5-15-56 5-9-56
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22. I hereby certify that I attended the deceased from **15 May 1956**, to **9 May 1956**, that I last saw the deceased alive on **9 May, 1956**, and that death occurred at **10 a.m., from the causes and on the date stated above-10-56**

23a. SIGNATURE Leonard P. Stein	(Degree or title)	23b. ADDRESS 1918 East Grand	23c. DATE SIGNED 10 May 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. MAY 11 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Stock Mortuary, 2117 E. Grand Bl.
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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 *Paul A. Wachter*

Licensed Embalmer No. *378*

P. O. Address *Henry*

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.