

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39277**

FILED NOV 28 1956
BIRTH NO. **79791-5L** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10188**

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. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Louis Maternity		STREET ADDRESS (If rural, give location) 2233 Division	
3. NAME OF DECEASED (Type or Print) a. (First) Byrd b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) October 29 1956	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) --	8. DATE OF BIRTH October 29 1956
9. AGE (In years last birthday) 1		10. IF UNDER 1 YEAR Months 1 Days 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY --	
11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri		12. CITIZEN OF WHAT COUNTRY? --	
13a. FATHER'S NAME Ruben Byrd		13b. MOTHER'S MAIDEN NAME Olivia Edwards	
14. NAME OF HUSBAND OR WIFE --		15. 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 Olivia Byrd ADDRESS above	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Destitution incompatible with life. 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 776x	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Oct 29 1956 , to Oct 29 1956 , that I last saw the deceased alive on Oct 29 1956 , and that death occurred at 3:45 A. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Wm. K. Marchant M.D.		23b. ADDRESS 630 St. Louis Highway	
23c. DATE SIGNED 10/30/56		24a. BURIAL, CREMATION, REMOVAL (Specify) 11-30-56	
24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith MO ADDRESS Rawland - Aka. 404 Manchester	
DATE REC'D BY LOCAL REG. NOV 2 1956		REGISTRAR'S SIGNATURE Earl Smith MO	

(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

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.