

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18513**
Registrar's No. **5096**

FILED JUN 14 1957

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. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 27 HOMOSPITAL OR INSTITUTION Homer G Phillips			e. STREET ADDRESS (If rural, give location) 1221 2810 Walnut		
3. NAME OF DECEASED (Type or Print) a. (First) Carl		b. (Middle) _____		c. (Last) Byrd jr	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 12. 1928		9. AGE (In years last birthday) 28		10. DATE OF DEATH (Month) May (Day) 28 (Year) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY American Brake		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Carl Byrd, sr		13b. MOTHER'S MAIDEN NAME Genevive Byrd-Grey	
14. NAME OF HUSBAND OR WIFE Mable Byrd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) World War Two		16. SOCIAL SECURITY NO. 492-22-3764	
17. INFORMANT'S SIGNATURE OR NAME Mable Byrd		18. ADDRESS 2810 Walnut		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating Slab Wound of Abdomen ANTECEDENT CAUSES Suffered when stabbed with knife in hands of one John Leroy in altercation in front of about 1918 Bulletin about 11:15 Am. May - 1954 - 1957 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 E982x		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, (street, street office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-19-57 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE James M. Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-31-57	
24a. BURIAL, CREMATION REMOVAL Removal		24b. DATE June 3-1957		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barricks MO		25. FUNERAL DIRECTOR'S SIGNATURE S. J. Stratton		25. ADDRESS 2769 Shouthern	
DATE REC'D BY LOCAL REG. MAY 31 1957		REGISTRAR'S SIGNATURE J. Earl Smith m.d.		26. (Licensed Embalmer's Statement on Reverse Side)	

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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..... S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chout

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.