

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011434

State File No. ....

FILED APR 9 1958

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2992</b>	
1. PLACE OF DEATH a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis, Missouri</b> c. LENGTH OF STAY (in this place) <b>5 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>East St. Louis</b> c. CITY OR TOWN <b>East St. Louis</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 30 STREET ADDRESS <b>332 Converse</b> 8129			
3. NAME OF DECEASED (Type or Print) <b>Beverly Ann Byrd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-13-58</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>	
7. <del>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</del> (Specify) <b>None</b>		8. DATE OF BIRTH <b>10-24-53</b>		9. AGE (In years last birthday) <b>4</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>East St. Louis, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Sandy Byrd</b>		13b. MOTHER'S MAIDEN NAME <b>Rosalie Hamilton</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Trowbridge, 500 S. Kingshighway</b>			
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.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart disease post surgery 4 1/2 yrs.</b> 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 Conditions contributing to the death but not related to the disease or condition causing death. <b>754.2</b>		19a. DATE OF OPERATION <b>3/13/58</b>		19b. MAJOR FINDINGS OF OPERATION <b>Ventricular Septal defect</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>East St. Louis, Illinois</b>		21f. HOW DID INJURY OCCUR? <b>None</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>3-8-58</b> , 19 <b>58</b> , to <b>3-13-58</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>3-13-</b> , 19 <b>58</b> , and that death occurred at <b>10:45</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Barbara Jones, M.D.</b>		23b. ADDRESS <b>500 S. Kingshighway</b>		23c. DATE SIGNED <b>3-14-58</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-14-58</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>Burien Washington</b>		24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>MAR 14 '58</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. F. Nash</b>		ADDRESS <b>111 N. 13th St.</b>	

(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.....

Licensed Embalmer No. 44

P. O. Address 111 N. 13

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.