

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1366

STATE FILE NUMBER

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
2 weeks2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTYc. CITY
OR
TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Christian HospitalInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
2703a Elliott AvenueReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
FlorenceMiddle
MLast
Byrd4. DATE
OF
DEATHMonth
February 8 1961

Day

Year

5. SEX
female6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
3-6-19079. AGE (last birthday)
53IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Packer10b. KIND OF BUSINESS OR INDUSTRY
Herkert & Meisel11. BIRTHPLACE (City and state or country)
Piggott, Arkansas12. CITIZEN OF WHAT COUNTRY
US A

13a. FATHER'S NAME

DavisDover

13b. MOTHER'S NAME

Elizabeth Kirk

14. NAME OF HUSBAND OR WIFE

Lewis J. Byrd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
498-12-7816

17. INFORMANT

Lewis J. Byrd, 2703a Elliott Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive bilateral pulmonary embolism
Thrombophlebitis of the deep veins of the left legConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

463x

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 25, 1961 to Feb 8, 1961 and last saw her alive on Feb 8, 1961
Death occurred at 2:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1126 St. Louis Ave

22c. DATE SIGNED

Feb 10, 1961

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

Feb. 11, 1961

23c. NAME OF CEMETERY OR CREMATORY

Gravel Hill Cemetery

23d. LOCATION (City, town, or county)

St. Francis, Arkansas

(State)

24. FUNERAL EXPENSES

ADDRESS

Math Hermann & Son, Inc., 2161 E. Fair
St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

FEB 10 1961

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 Clement M^cManis

Licensed Embalmer No. 3732

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.