

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040068

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10006

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 20

3

4 3

5 1

6

7 1

8 1

9

10

11

12 77-0

13

77

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10006

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY

OR
TOWN

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5644 Etzel

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First
Girleen

Middle

Last
Byrd

4. DATE

OF
DEATH

Month

Day

Year

10 16 62

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married ☐

Widowed ☒

Never Married ☐

Divorced ☐

8. DATE OF BIRTH

26 Mar. 1913

9. AGE (last birthday)

49

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

housewife

11. BIRTHPLACE (City and state or country)

Ark

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

John Brandon

13b. MOTHER'S MAIDEN NAME

Cynthia Scroggins

14. NAME OF HUSBAND OR WIFE

Dan Byrd

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.

no

17. INFORMANT

Dan Byrd 4375 Evans

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN

ONSET AND DEATH

Undet.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Malignant brain tumor

DUE TO (c)

193.0

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

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. 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 10-14-62 to 10-16-62 and last saw him alive on 10-16-62

Death occurred at 10:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

20. Richard M.D.

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

10-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

22 Oct 62

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

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

St Louis Mo

(State)

24. FUNERAL DIRECTOR

RELIABLE FUNERAL 1389 Union

ADDRESS

25. DATE RECD. BY LOCAL REG.

OCT 19 1962

26. REGISTRAR'S SIGNATURE

Ward Smith. M.D.

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 James A. Hyatt

Licensed Embalmer No. 4441

P. O. Address 1389 Edison

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.