MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-048225

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11804

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED DEC 21 1962

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Homer G. Phillips Hosp. — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1413 N. Sarah St., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle M. Last Byrd

4. DATE OF DEATH Month Dec. Day 7, Year 1962

5. SEX Male

6. COLOR OR RACE Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-15-1912

9. AGE (last birthday) 50

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Lexington, Mississippi

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Byrd

13b. MOTHER'S MAIDEN NAME Carrie Grinston

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Sadie Byrd Address 355 Silverage St.,

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 gastro intestinal Hemorrhage.

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

DUE TO (b) Contrib: Carcinoma of Stomach.

DUE TO (c) 151X

INTERVAL BETWEEN ONSET AND DEATH

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

MEDICAL CERTIFICATION

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 ____ to ____ and last saw her/him alive on ____. Death occurred at 1:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 12-10-62

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

23b. DATE 12-11-62

23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,

24. FUNERAL DIRECTOR G. Wade Granberry ADDRESS 4202 Finney Ave.,

25. DATE RECD. BY LOCAL REG. DEC 10 1962

26. REGISTRAR'S SIGNATURE [signature] M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	2/	19	
3			
4	2		
5	6		
6			
7	1		
8	1		
9			
10			
11			
12	77-3		
13			

77

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,
St. Louis, Mo.,

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.