

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003296

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1230

FILED FEB 8 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

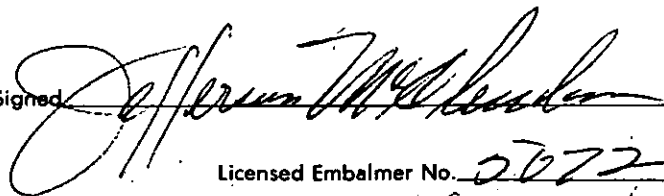
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		b. COUNTY Missouri	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Joseph's Hospital		d. STREET ADDRESS 2927 Chouteau	
3. NAME OF DECEASED (Type or print) First Middle Last Carl B. Byrd		4. DATE OF DEATH Month Day Year 2 1 63	
5. SEX male	6. COLOR OR RACE colored	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Month Day Year March 1898 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Steel Works with Missouri	
11. BIRTHPLACE (City and state of country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Willie Byrd		13b. MOTHER'S MAIDEN NAME Genevieve Massonell	
14. NAME OF HUSBAND OR WIFE Genevieve Byrd		Address 2836 Caroline	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 4201	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertension & Cardiac Infarct		INTERVAL BETWEEN ONSET AND DEATH 1/8/63	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4201		2/1/63	
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 1/8/63 to 2/1/63 and last saw her alive on 2/1/63		Death occurred at The Peoples Hospital on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. G. Taylor M.D.		22b. ADDRESS 2602 N. Union Blvd	
22c. DATE SIGNED 2/4/63		23a. BURIAL, CREMATION, REMOVAL (Specify) 2-8-63	
23b. DATE 2-8-63		23c. NAME OF CEMETERY OR CREMATORY Washington Park St. Louis, Co. Mo.	
24. FUNERAL DIRECTOR J. J. Watson		25. DATE RECD. BY LOCAL REG. FEB 5 1963	
26. REGISTERAR'S SIGNATURE Earl 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 

Licensed Embalmer No. 2072

P. O. Address 4235 W. 1st St.

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.