

FILED JUL 15 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days (Specify whether  
In this community Not resident - years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin  
(c) City or town White Oak  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lydia Byrd  
3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: abt Years 43 Months — Days — If less than one day hr. min.

9. Birthplace White Oak, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. A. Byrd  
13. Birthplace White Oak, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Thornsberry  
15. Birthplace White Oak, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Byrd  
(b) Address White Oak, Mo.

17. (a) removal (b) Date thereof 7-2-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.

19. (a) JUL 2 1944 (b) J. F. Brudeck  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
year 1944 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from 6/17/44  
to 7/2/44

that I last saw her alive on 7/2/44  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration \_\_\_\_\_

Due to Thrombophlebitis of femoral vein

Due to \_\_\_\_\_  
Other conditions Catatonic Schizophrenia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Alvin Chang (M. D. or other)  
Address St. Louis City Hosp Date signed 7-2-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5953

5953

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*John Agnoski*  
.....  
Licensed Embalmer No. *3398*

P. O. Address.....

**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 this body is not embalmed, fact should be so stated above.**