

32808

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8344

8344

1800

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

W. H. Hall
FILED SEP 25 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer G. Phillip		d. STREET ADDRESS (If rural, give location) 2/ 2912 A. Sherdian Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle)		c. (Last) Byrth			
4. DATE OF DEATH Aug, 29, 1952		5. SEX Female 3		6. COLOR OR RACE Col.			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug, 20, 1909		9. AGE (in years last birthday) 43			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Helena, Ark			
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Moze White		13b. MOTHER'S MAIDEN NAME Rachel Carter			
14. NAME OF HUSBAND OR WIFE Leroy Byrth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Leroy Byrth		ADDRESS 2912 Sherdian Ave					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant cyst adenoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with metastasis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 175X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>8/29</u> , 19 <u>52</u> and that death occurred at <u>11/4 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Hall</u>		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9/2/52			
24a. BURIAL, CREMATION, REMOVAL (Country) Burial		24b. DATE Sept. 5/52		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home 3100 Easton Ave.					
DATE REC'D BY LOCAL REG. SEP 4 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D. G.P. (Licensed Embalmer's Statement on Reverse Side)					

S. No. 300
V. 10-48

Malignant cyst. Rt. Breast

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
Student Embalmer

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.