

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19922

State File No. \_\_\_\_\_

FILED JUN 20 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4802**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (In this place) <b>DOA</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		7. STREET ADDRESS (If rural, give location) <b>77 3649a McRee Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Curtis</b> b. (Middle) <b>Dean</b> c. (Last) <b>Byrd</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 31, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <sup>1954</sup> <b>Never married</b>	8. DATE OF BIRTH <b>Nov. 1, 1933</b>
9. AGE (In years last birthday) <b>21,</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Days	12. UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Ste Genevieve, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles C. Byrd</b>		13b. MOTHER'S MAIDEN NAME <b>Glenda Tucker</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Charles C. Byrd</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		ADDRESS <b>3649a McRee Ave.</b>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES <i>Subdural Hemorrhage; Skull Fracture, suffered after motor-cycle operated by deceased</i>		INTERVAL BETWEEN ONSET AND DEATH <i>None</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>was struck by car, operated by one Robt. Castello at inter-section of Spring and Garfield</i>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>as above, about 940 p.m. May 31 1955</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>1955: Criminal Cerelesmia</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Street</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo. MO</b>	21d. TIME OF INJURY <b>May 31 55 9<sup>40</sup> P</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E8154</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above. <b>26</b>			
23a. SIGNATURE <b>Catriel Taylor Coraue</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>6.1.55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-2-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Mem. Pk.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Francois County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUN 1 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	
ADDRESS <b>4700 Washington</b>		ADDRESS	

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

---

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 *Robert M. Murray*

Licensed Embalmer No. *374*

P. O. Address *St. Louis,*

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.