

No. 300
10-48

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31936**
7171
Registrar's No. _____

BIRTH NO. **63040-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FLORISSANT 4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) R.R.#2 1	

3. NAME OF DECEASED (Type or Print) a. (First) BABy b. (Middle) GIrl c. (Last) Byrd			4. DATE OF DEATH (Month) (Day) (Year) Aug 2 1956		
5. SEX FEMALE		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant -	
8. DATE OF BIRTH 8-2-56		9. AGE (In years last birthday) 15 1/2		10. UNDER 1 YEAR (Months) Days Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Bert Kenneth Byrd		13b. MOTHER'S MAIDEN NAME Audrey Fox Gibson		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Bert R. Byrd ADDRESS R.R.#2 FLORISSANT	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalic infant.		INTERVAL BETWEEN ONSET AND DEATH about 5 minutes	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 752x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **8-2**, 1956, to **8-2**, 1956, that I last saw the deceased alive on **8-2**, 1956, and that death occurred at **11:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert L. O'Connor, M.D.		23b. ADDRESS Florissant, Mo.		23c. DATE SIGNED 8-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-3-1956		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO.			

DATE REC'D BY LOCAL REG. AUG 3 1956		REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gene Whitehurst ADDRESS FLORISSANT, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Gene A. Hutchins

Licensed Embalmer No. 4966

P. O. Address FLORISSANT, 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 this body is not embalmed, fact should be so stated above.