

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17442

1. PLACE OF DEATH

County..... Registration District No. 785
Township..... Primary Registration District No. 102
City St. Louis (No. 5033, Lotus a)
St. Ward

File No.
Registered No. 4338
St. Ward

2. FULL NAME

Patrick W. Byrne
(a) Residence, No. 5033 Lotus a St. 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Byrne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>1</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner of accounts
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. city of St. Louis 185
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

13. NAME William Byrne 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Bridger McMonara

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Rose Byrne
(ADDRESS) 5033 Lotus a

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 4 1952

19. UNDERTAKER Callahan Bros.
(ADDRESS) 1710 1/2 Grand Blvd

20. FILED May 23 1952 Miss Est. Taylor
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th 1952

22. I HEREBY CERTIFY, That I attended deceased from 4-17 1951, to 5-2 1952

I last saw him alive on 5-1-52, 19..... Death is said to have occurred on the date stated above, at 7:05 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
75%
102
95%
103
103
Other contributory causes of importance:
Hypertension ①

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify.....

(Signed) Carl J. Reis M. D.

(Address) Beaumont Med Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. O. Falk