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.

JAN 5 1933

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1170 — File No. 41588

7 Township ~~Central~~ — Primary Registration District No. 6248 — Registered No. 251

7 City Richmond Hgts. (No. St. Mary's Hospital St. Ward)

2. FULL NAME Thomas Armstrong Byrne

(a) Residence, No. So. Rock Hill Road St., Ward. Webster Groves, Mo.
(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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1906

7. AGE: YEARS 26 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant 176

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gasoline Service Station

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) St. Louis Mo. 1

FATHER

13. NAME Patrick J. Byrne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER

15. MAIDEN NAME Angela Armstrong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfeild Ill.

17. INFORMANT (ADDRESS) Patrick J. Byrne So. Rock Hill Road.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Dec. 6, 1932

19. UNDERTAKER (ADDRESS) Croghan Und. Co. inc 7146 Manchester Ave.

20. FILED Dec 5, 19 Robt J. Am Preuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932, to Dec 4, 1932

I last saw him alive on Dec 3, 1932. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

	Date of onset
Lobar Pneumonia	3 days
11A	
107A	
Other contributory causes of importance: Influenza	10 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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?

If so, specify

(Signed) Arthur W. Westrup, M. D.

(Address) Webster Groves Mo