

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

Do not use this space.

1. PLACE OF DEATH **FEB 5 1935**

791

3316

County

Registration District No. **1003**

Folio No. **611**

Township

Primary Registration District No.

Registered No.

City **St. Louis** (No. **St. Paul Hospital**)

St.

Ward)

2. FULL NAME **William E. Byrne**

(a) Residence, No. **5430 Murdock Ave.** St. **14** Ward:

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from **11-15-33**, 19**33**, to **1-15-35**, 19**35**

I last saw him alive on **1-15-35**, 19**35**. Death is said to have occurred on the date stated above, at **5:04** a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 16, 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 0

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Orthopedic mechanic**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Chicago Art. Limb Co**
10. Date deceased last worked at this occupation (month and year) **about 3 yrs ago** 11. Total time (years) spent in this occupation

Pneumonia, double
Attacks of spine
W.M.O.

Other contributory causes of importance:

Pneumonia, double

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

13. NAME **John Byrne**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chicago Ill**

15. MAIDEN NAME **Mary Kane**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans La**

Name of operation **Laminectomy & excision** Date of **1-16-34**

What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT **Mrs. M. Fatchford** (ADDRESS) **5430 Murdock Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem** DATE **Jan 18 35**

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

19. UNDERTAKER **Michael J. Mortuaries** (ADDRESS) **4228 So. Kingshighway Blvd**

20. FILED **Jan 16 1935 J. F. Bredeck** Registrar.

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

If so, specify **Pneumonia**

(Signed) **Robert M. Klumbe**, M. D.

(Address) **Beaumont 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.

3720 Washington
J. 4215
1111

MAY 25 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis (No. St. Paul Hospital) St. Ward)

File No. 3316
Registered No. 614

2. FULL NAME

William E. Byrne
(a) Residence, No. 5430 Murdoch Ave Ward.
(Usual place of abode)

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 S (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 4 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 5-23-35 J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1935

22. I HEREBY CERTIFY That I attended deceased from 11-15 1933, to 1-15 1935.

I last saw him alive on 1-15, 1935. Death is said to have occurred on the date stated above, at 5:10 a.m.

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

Amputation Neurosarcoma
Arteritis of spine
embolism of neurosarcoma
Other contributory causes of importance:

neumonia Bronch.

Name of operation 10-70 Date of 1-16-35
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?
If so, specify

(Signed) Rogard M. Thompson M. D.
(Address) Beaumont Bldg

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

MAY 2 2 1935

S-33316