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.

DEC 4 1936

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

Do not use this space.

38930

File No.

Registered No. 306

1. PLACE OF DEATH

County St; Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033

City ~~Wellston~~ (No. 6220 Suburban Ave., St. Ward)

2. FULL NAME Martin J. Byrne

(a) Residence, No. 6220 Suburban Ave., St., 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Ellen Byrne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 19, 1858.

7. AGE: YEARS 78 — MONTHS 6 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Ireland

FATHER

13. NAME: Martin Byrne

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

MOTHER

15. MAIDEN NAME: Don't Know

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

17. INFORMANT (ADDRESS): Peter Byrne, 6220 Suburban Ave.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem., DATE Oct. 31/36.

19. UNDERTAKER (ADDRESS): Jas. W. Clark, 1125 Hodiamont Ave.,

20. FILED 10-29-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28/36. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to ....., 19....

I last saw him alive on Oct 28, 1936. Death is said to have occurred on the date stated above, at 3.30 P.M.

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

	Date of onset
Coronary Thrombosis	Oct 28/36
Other contributory causes of importance: Chr. myocarditis	3 years
Senility.	

Name of operation — Date of

What test confirmed diagnosis? 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? No.

If so, specify

(Signed) Wm J Langan Jr, M. D.

(Address) 5803 Plymouth av.

W. L. Langan Esq
5803 Plymouth Ave
Cat 0220