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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40815

Registration District No. 784 | Primary Registration District No. 110 | Registrar's No. 2045

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Oakland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 409 Lennore Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County St. Louis

(c) City or town Oakland (If outside city or town limits, write "RURAL")

(d) Street No. 409 Lennore Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elmer Francis Byrne 650

3. (b) If veteran, name war World

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 17, (Day) 1889 (Year)

8. AGE: Years 50 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Proprietor. 0

11. Industry or business Advertising 0

FATHER
12. Name Thomas W. Byrne
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Galvin
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Marie Gladys Byrne

(b) Address 409 Lennore Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) NOV 21 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th. year 1939 hour 10 minute 20 p. M.

21. I hereby certify that I attended the deceased from Sept 5, 1939 to Nov 10, 1939 that I last saw him alive on Nov 10, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic uremia	3 months
Due to: Chronic nephritis	5 yrs
Due to: Hypertensive degenerative heart disease	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ✓ ✓ Of autopsy ✓

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PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature F. R. Finnegan M.D. (M. D. or other) 1

Address Humboldt Bldg. St. Louis Mo. Date signed 11/21/39

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.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.