

FEB 17 1940 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

326

## 1. PLACE OF DEATH:

(a) County 2  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2535a W. University St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community About 58 Years  
 years, months or days)

3. (a) PRINT FULL NAME Honora Byrne 6508. (b) If veteran, name war No 8. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased May 20 1867  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
72 7 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Hugh Morley 513. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)14. Maiden name Winifred Killkinney15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Winifred Byrne(b) Address 2535a W. University St.17. (a) Burial (b) Date thereof Jan 13 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Boocher, Boocher(b) Address 2228 St. Louis Ave19. (a) JAN 12 1940 (b) J. F. [Signature]  
(Date received local registrar) (Signature of Registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 20  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2535a W. University St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? About 58 years years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1940 hour 12 o'clock minute noon M.21. I hereby certify that I attended the deceased from June 1  
1939, to Jan 9, 1940that I last saw her alive on Jan. 9, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_Due to old age 311

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. F. [Signature] (M. D. or other) \_\_\_\_\_Address 18 1/2 [Address] Date signed 1/12/40

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**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.

By

Signed

*Charles Goodhart*  
.....  
Licensed Embalmer No. *2777*  
P. O. Address *St Louis Mo*

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

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