

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

33155

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1705

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights,

(c) Name of hospital or institution:  
St. Marys Hospital.

(d) Length of stay: In hospital or institution 2 Days.

In this community \_\_\_\_\_ years, months or days

**DECEASED** OCT 23 1940

USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis.

(d) Street No. 6114 Waterman Ave.

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

3. (a) PRINT FULL NAME John Wilson Byrne.

3. (b) If veteran, Yes. name war Worlds War!

3. (c) Social Security No. 494-09-1928

4. Sex Male. 5. Color or race White

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

6. (b) Name of husband or wife Helen Jakle Byrne.

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 29, 1895.

8. AGE:	Years	Months	Days	If less than one day,
	<u>45</u>	<u>3</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace St. Louis, Mo.

10. Usual occupation Salesman-Coal Company.

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

12. Name Frank T. Byrne.

13. Birthplace New York.

14. Maiden name Elizabeth Wilson.

15. Birthplace New York.

16. (a) Informant Mrs. J. Wilson Byrne.

(b) Address 6114 Waterman Ave.

17. (a) Burial (b) Date thereof 9-13-40

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 3840 LAYDELL BLVD

19. (a) SEP 12 1940 (Date received for burial)

[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th. year 1940 hour 6:00 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1940 to Sept. 11, 1940 that I last saw him alive on Sept. 10, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Heart

Due to acute coronary thrombosis

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

Other conditions 95% I

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

Of autopsy as above

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 E. Lee Shrader (M. D. or other) \_\_\_\_\_

Address 3720 Washington Date signed 9-11-40

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

