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3-40
-39
(23159)

MAR 25 1941 791
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME John Byrne

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: February 14, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	0	2	hr. _____ min.

9. Birthplace Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER { 12. Name James Byrne

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

FATHER { 14. Maiden name Elizabeth Gaskin

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Little Sisters of Poor

(b) Address 3225 No. Florissant Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2-17-41
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 3840 Lindell Blvd.

19. (a) FEB 17 1941
(Date received local registrar)

(b) J. W. Redeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 No. Florissant Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16,
year 1941 hour 7:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from February 3, 1941 to February 16, 1941
that I last saw him alive on February 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arterio-sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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 Ma Carley (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 2/17/41

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3845 Kundell

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, fact should be so stated above.