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rv. 5-17-39
I X28390

8366

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2493

FILED APR 13 1942
797

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Little Sisters of the Poor
(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) 5

3. (a) PRINT FULL NAME MICHAEL P. BYRON

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 Feb. 8, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 10 If less than one day hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER FATHER { 12. Name James Byron
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Duhigg
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Kate Byron

(b) Address 5974a Ridge Ave.

17. (a) Burial (b) Date thereof 3/20/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Belknap + Berg
2842 Meramec St

(b) Address _____

19. (a) MAP 10 4042 (b) J. F. Bredeck
(Date received local certifier) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18,
year 1942 hour 6 minute 00A M.

21. I hereby certify that I attended the deceased from Jan. 20 to March 18 1942
that I last saw him alive on March 17 1942
and that death occurred on the date and hour stated above

Immediate cause of death Arteriosclerosis Duration 2 yrs.
Coronary Sclerosis
Myocardial Failure 2 mo
Coronary Sclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Cerebral Hemorrhage

Major findings: Of operations 94a
Of autopsy 94b

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 [Signature] M. D. or other _____
Address [Address] Date signed [Date]

(Licensed Embalmer's Statement on Reverse Side)

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

20
17
9

3

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.....

Joseph S. Benz

....., Registered Apprentice No. 218

working under my personal supervision.

Signed.....

Laron E. Benz

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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, fact should be so stated above.