

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

FILED MAY 3 1943

Registration District No. **218** Primary Registration District No. **1003** Registrar's No. **3804**

1. PLACE OF DEATH:

(a) County..... **St. Louis, Missouri**

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

(c) Name of hospital or institution:
2712 Glasgow
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....

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

(d) Street No. **2712 Glasgow Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Winifred Winnie Byrne**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **female** 5. Color or race **white**

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

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

7. Birth date of deceased **May 29th 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|-----------|-----------|-----------|----------|
| 63 | 10 | 14 | hr. min. |
|-----------|-----------|-----------|----------|

9. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Housewife**

11. Industry or business

12. Name **(unknown) Byrne**

13. Birthplace **Ireland** (State or foreign country) **4**

14. Maiden name **(unknown)** (State or foreign country)

15. Birthplace **Ireland** (City, town, or county) (State or foreign country) **4**

16. (a) Informant **Officer James W. Honrath**

(b) Address **2712 Glasgow**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-26-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Brothers**

(b) Address **2849 North Euclid Ave.**

19. (a) **APR 27 1943** (Date received local registration) (b) **J. F. Bussch** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23rd**
year **1943** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov. 1943** to **April 23, 1943**
that I last saw her alive on **4-23, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Left hemiparesis**

Due to **Arteriosclerosis and hypertension**

Due to **83**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **A. J. Steiner** (M. D. or other) **MD**
Address **622 University Club** Date signed **4/23/43**

Duration

5 Hrs.

2 yrs?

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. A. J. Steiner

Un. Blub Bldg., Grand & Russell

Je. 5946

Get tonight 7-8 P M

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..... *Albert D. Fairfield*

Licensed Embalmer No..... *3077*

P. O. Address.....

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.