

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: Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7441 Chandler Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sheppard J. Byrne

3. (b) If veteran, name war None
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie Tiedemann Byrne 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 6, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Anheuser Busch

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nettie Byrne

(b) Address 7441 Chandler Ave Jennings Mo

17. (a) Burial (b) Date thereof 1/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 16 1944 (b) J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th
year 1944 hour 10:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to Jan 13-44 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolus.
Due to Cancer of bladder
Due to urinary
Other conditions: _____
(Include pregnancy within 5 months of death)

Major findings: Multiple cancer of bladder not allowed
Of operation _____
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 Wilson (M. D. or other) _____
Address 739 James Bldg Date signed _____

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

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..... *W. Edward & Burnley*

Licensed Embalmer No..... *4212*

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, fact should be so stated above.