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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4952  
Registrar's No. 1442

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3705 Hereford  
(d) Length of stay: In hospital or institution  
In this community years, months or days

3. (a) PRINT FULL NAME Anne Byrne  
3. (b) If veteran, name war. No.  
3. (c) Social Security No.  
4. Sex Fem  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Wid  
6. (b) Name of husband or wife Thomas J. Byrne  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Sept. 23 1862/1867

8. AGE: Years 76 Months 4 Days 20  
If less than one day hr. min.

9. Birthplace St. Louis County Missouri  
10. Usual occupation At Home

11. Industry or business  
12. Name Edward Gorman  
13. Birthplace Ireland  
14. Maiden name Margaret Phelan  
15. Birthplace Ireland

16. (a) Informant Miss Anna Byrne  
(b) Address 3705 Hereford  
17. (a) Burial (b) Date thereof Feb. 15-1944  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Michael J. Croghan, Sr.  
(b) Address 7146 Manchester Ave  
19. (a) FEB 14 1944 (b) J. F. Budesek  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(d) Street No. 3705 Hereford 714  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 12  
year 1944 hour 8 minute 43 PM  
21. I hereby certify that I attended the deceased from Dec. 1, 1943 to Feb. 12, 1944  
that I last saw h. or alive on Feb. 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia 4 days  
Anteroseptate heart Disease and Hypertension } 1 year  
Chronic nephritis }  
Other conditions: None  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations: None  
Of autopsy: None

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: J. Brennan M.D. (M. D. or other)  
Address: 1519 University Club signed Feb 14 1944

**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.....

.....  
working under my personal supervision.

....., Registered Apprentice No. ....

Signed.....

*Albert G. Hodge*

Licensed Embalmer No. ....

*2971*

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.**