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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2315

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 890

**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: 5662 Cote Brillant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution = (Specify whether
In this community 70 Yrs.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5662 Cote Brillant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Henrietta Byrne

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Fe. 1

5. Color or race W.

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

6. (b) Name of husband or wife John (deceased 1903)

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

7. Birth date of deceased Oct. (Month) 28 (Day) 1866 (Year)

8. AGE: Years 80 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation Hill

11. Industry or business

FATHER
12. Name Schmidt 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name 0
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Jos. Wm Capstick
(b) Address 5662 Cote Brillant

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 29th (Day) 47 (Year)
(c) Place: burial or cremation St. Ferdinand Cem. Florissant Mo.

18. (a) Signature of funeral director Biederwieden Funeral Home
(b) Address 1936 St. Louis Ave.

19. (a) Jan 27 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 26 year 1947 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from June, 1940 to Jan 26, 1947 that I last saw her alive on Jan. 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus — Duration Don't know

Due to —

Due to —

Other conditions none 0
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. R. Menown (M. D. or other) MD
Address 5330 Geraldine Date signed 1/27/47

(Licensed Embalmer's Statement on Reverse Side)

## 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 Neal L. Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

**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.**