

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9872

318

2846

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		d. STREET ADDRESS (If rural, give location) 727 N. 14th. St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific 10				3. NAME OF DECEASED a. (First) HUGH				b. (Middle) EDWARD	
				c. (Last) BYRNE		4. DATE OF DEATH March 29, 1949			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married U		8. DATE OF BIRTH Jan. 18, 1887			
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Days 2		IF UNDER 2 HRS. Hours 11		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker			
10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME Edward Byrne			13b. MOTHER'S MAIDEN NAME Catherine Burn			14. NAME OF HUSBAND OR WIFE Marie Massing Byrne			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W. W. #1		16. SOCIAL SECURITY NO. 702-18-0094		17. INFORMANT'S SIGNATURE OR NAME Marie Byrne, 727 N. 14th. St. East St. Louis, IL					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 6 1/2 4 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-18, 1949, to 3-29, 1949, that I last saw the deceased alive on 3-29, 1949, and that death occurred at 7:10 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Howard G. Davidson, M.D.				23b. ADDRESS Mo. Pac. Hosp'l St. Louis, Mo.		23c. DATE SIGNED 7-29-49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-31-49		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. MAR 29 1949		REGISTRAR'S SIGNATURE J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Sedlack Bros		ADDRESS E. St. Louis, IL			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Ben. H. Baldwin

Licensed Embalmer No. 7470

P. O. Address St. Louis, Ill.

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.