

STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

1000 Registrar's No. 3884

BIRTH NO. 49-024273 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>None</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>6622 Wise</u>	
3. NAME OF DECEASED a. (First) <u>Baby</u> b. (Middle) <u>Toni</u> c. (Last) <u>Byrn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>1</u>	8. DATE OF BIRTH <u>4-7-49</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 12 HRS. Hours <u>2</u> Mins. <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY?		13. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Otis Guy Byrn Jr.</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Mae De Janatt</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory & Respiratory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (28 weeks gestation)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydrannion.</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>159</u>
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? <u>7460</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank G. Robertson, M.D.</u>	23b. ADDRESS <u>634 No. Grand Ave.</u>	23c. DATE SIGNED <u>4/7/49</u>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>APR 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State)
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>APR 30 1949</u>	REGISTRAR'S SIGNATURE <u>J. W. Pasater</u>	GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service 4104 Manchester Ave.</u>
---	--	---

1428510

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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No.

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.