

State File No. **4097**

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 542 Registrar's No. 0182	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (If this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson 4119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 408 Hern Ave.				d. STREET ADDRESS (If rural, give location) 408 Hern Ave. 0	
3. NAME OF DECEASED (Type or Print) Joseph		a. (First) b. (Middle) P. c. (Last) Byrnes		4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1953	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N	
8. DATE OF BIRTH Sept. 29, 1876		9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months 3 Days 20 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Mgr. Retired,		10b. KIND OF BUSINESS OR INDUSTRY Bell Tele. Phone Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Phillip Byrnes		13b. MOTHER'S MAIDEN NAME Unknown Unknown	
14. NAME OF HUSBAND OR WIFE Mrs. Anna Byrnes		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. not known	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen McCarthy, 408 Hern Ave. Ferguson		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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chr myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chr myocardial infarction DUE TO (c) chr myocardial infarction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		19. DATE OF OPERATION 4221	
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 12-1-1952, to 1-19-1953, that I last saw the deceased alive on 1-19-1953, and that death occurred at 2:45 a.m., from the causes and on the date stated above.	
23a. SIGNATURE Helen McCarthy		23b. ADDRESS 408 Hern Ave. Ferguson		23c. DATE SIGNED 1/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Herbert R. Danforth		25. ADDRESS 3840 Lindell Blvd.	

JUN 13 1955

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

Francis Williamson

Licensed Embalmer No. *3565*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.