

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32987**
Registrar's No. **8744**

FILED OCT 15 1953

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 1-hr.		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		STREET ADDRESS (If rural, give location) 19 4475 West Pine Blvd.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) W.		c. (Last) Byrnes		4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1953	
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5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH April 4, 1869		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days 4		Hours 1		Min. 1	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker-Malt		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
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13a. FATHER'S NAME Michael J. Byrnes			13b. MOTHER'S MAIDEN NAME Irene Williamson			14. NAME OF HUSBAND OR WIFE Mrs. Genevieve Byrnes		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W. #1 496-36-0717		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lee M. Byrnes, 4492 West Pine Blvd.			
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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 30 min.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage -		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of aneurysm of cerebral artery. DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) 452 X	
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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?	
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22. I hereby certify that I attended the deceased from Jan 1945 to Sep 8, 1953, that I last saw the deceased alive on Aug 1, 1953 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl Rossella		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 9/9/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 10, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. SEP 9 1953		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS Lindell Blvd.	
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(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.....
Signature of Student Embalmer

Signed *William S. DeGard*

Licensed Embalmer No. *469*

P. O. Address *St. Charles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.