

FILED MAY 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 1148

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD, MO</u>		c. LENGTH OF STAY (In this place) <u>15 DAYS</u>		c. CITY OR TOWN <u>RURAL MERAMEC</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH HOSP.</u>				e. STREET ADDRESS (If rural, give location) <u>BYRNESVILLE MO.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCIS</u>			b. (Middle) <u>JOSEPH</u>		c. (Last) <u>BYRNE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 21 55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N.M.</u>		8. DATE OF BIRTH <u>SEPT 6 1900</u>		9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>1</u> IF UNDER 4 HRS: Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVALID</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BYRNESVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>P. H. BYRNE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY LYONS</u>			14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>496-14-8047</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY CAHAN</u>				ADDRESS <u>EUREKA RR#1</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary infection & hydro-pyothorax.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>① Congenital absence of left kidney. ② hemorrhagic abscess.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>16 days.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>527.2</u>						20. AUTOPSY? YES <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>5/4</u> , 19 <u>55</u> , to <u>5/20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>55</u> , and that death occurred at <u>5:10 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank Black M.D.</u>				23b. ADDRESS <u>Fenton, Mo.</u>			23c. DATE SIGNED <u>5/21/55</u>		
24a. BURIAL CREMATATION (Specify)		24b. DATE <u>5/29/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST COLUMBKILL'S Cem</u>		24d. LOCATION (City, town, or county) (State) <u>BYRNESVILLE MO</u>			
DATE REC'D BY LOCAL REG. <u>5/22/55</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Dowde, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Primmer Funeral Home HOUSE SPRING MO</u>				

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

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1470

P. O. Address Home Spr

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.