

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42804**
12056
Registrar's No.

FILED JAN 15 1957

BIRTH NO. _____		REG. DIST. NO. 318		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 MO b. COUNTY _____							
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1670 3541 Hartford					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3541 Hartford				d. STREET ADDRESS (If rural, give location) 1670 3541 Hartford							
3. NAME OF DECEASED (Type or Print) Helena			a. (First)		b. (Middle)		c. (Last) Byrns				
4. DATE OF DEATH 12 30 56		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 6-9-1871			
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 YEAR Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Christian Gruppe			13b. MOTHER'S MAIDEN NAME Margaret Grunholz			14. NAME OF HUSBAND OR WIFE John (Deceased) Cal.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS San F Walter T. Byrns 7750 Geary Blvd.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 days			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.		331X									
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) No		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 Nov. 1, 1956 , to Dec 30, 1956 , that I last saw the deceased alive on Dec 30, 1956 , and that death occurred at 6:12 P.m. , from the causes and on the date stated above.											
23a. SIGNATURE Percy Newman, M.D.				(Degree or title) _____				23b. ADDRESS 3539 Hartford St.		23c. DATE SIGNED Dec 31, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 2 57		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) St. Louis Co. Mo.		(State) _____			
DATE REC'D BY LOCAL REG. DEC 31 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Wm Schumacher 3013 Meramec					

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

3559
PR-2-66-51

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 Jack Haept
Licensed Embalmer No. 746
P. O. Address St. James M

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.