No. 300
10.48

FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44795

BIRTH NO. 79798-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11275

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place): 1-mon,-28 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Overland 422 X
d. STREET ADDRESS (If rural, give location): 3535 Joel Court

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Byrnes

4. DATE OF DEATH (Month) (Day) (Year): Dec.8,1956

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S.
8. DATE OF BIRTH: Oct.10,1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 28; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): nil
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: William Byrnes
13b. MOTHER'S MAIDEN NAME: Wirginia Schulten
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mr.William Byrnes, 3535 Joel Ct. Overland 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital Heart Disease — Birth
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: 754.4
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth, 19__, *to* 12-8-, 1956, *that I last saw the deceased alive on* 12-8-, 1956 *and that death occurred at* 9:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jackson Ed (Degree or title) MD
23b. ADDRESS: 634 No. Grand
23c. DATE SIGNED: 12/10/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec.10,1956
24c. NAME OF CEMETERY OR CREMATORY: New Pickers Cemetery
24d. LOCATION (City, town, or county) (State): St.Louis,Missouri

DATE REC'D BY LOCAL REG.: DEC 10 1956
REGISTRAR'S SIGNATURE: J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly, 3840 Lindell Blvd. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

mbalm

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 .....
Student Embalmer

Signed: W. J. Salgen

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell (Failu

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

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