Health, Welfare Public Service

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FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016836
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 987

1. PLACE OF DEATH
a. COUNTY: St. Louis.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Ladue — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 800 So. Price Road — Length of stay in 1b: YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis.
c. CITY OR TOWN: Ladue 4436 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 800 So. Price Road — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: William Middle: M. Last: Byrne

4. DATE OF DEATH Month Day Year: April 7, 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] 0 **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 10, 1875

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Janitor

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Byrne

13b. MOTHER'S MAIDEN NAME: Ellen Donahue

14. NAME OF HUSBAND OR WIFE: Nil.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): Nil.

16. SOCIAL SECURITY NO.: UNK.

17. INFORMANT Address: Robert M. Byrne, 800 So. Price Rd. Ladue

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	Suddenly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio-Sclerosis	Many Yrs.
DUE TO (c)	4201	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 14-58 to April 7-58 and last saw him alive on April 7, 1958
Death occurred at 4:45 P.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): Alfred M. Langenbach M.D.

22b. ADDRESS: 6200 Hoffman

22c. DATE SIGNED: April 8/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-9-58

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS: Harrigan & Sheahan, 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG.: 4-8-58

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Padmell

Licensed Embalmer No. 4077

P. O. Address St. Louis

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.