

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016888
STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1220

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Affton 4829
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9723 Shuffle Dr.		Length of stay in 1b YRS.	d. STREET ADDRESS (If outside, give location) 9723 Shuffle Dr.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Anna Middle L Last Byrne	4. DATE OF DEATH Month May Day 2 Year 1958
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5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 28, 1895	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) 0 St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August Surman	13b. MOTHER'S MAIDEN NAME Sophia Herbert	14. NAME OF HUSBAND OR WIFE Vincent
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Vincent Byrne	Address 9723 Shuffle Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Sclerosis	
	DUE TO (c) —	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 4201	COUNTY St. Louis	STATE
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21. I attended the deceased from 1946 to 5-1-58 and last saw her alive on 5/1/58 Death occurred at 12:45 A on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Paugh Hayes (Degree or title) MD	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 5-2-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/5/1958	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	23d. LOCATION (City, town, or country) (State) St. Louis Co., Mo.
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24. FUNERAL DIRECTOR J L Ziegenhein & Sons	ADDRESS 7027 Gravois	25. DATE RECD. BY LOCAL REG. 5-5-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

