

FILED OCT 31 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

68 0042070
9956DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

DECEASED—NAME			FIRST			MIDDLE			LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. MARY LORETTA BYRNE			2. Female			3. October 20, 1968									
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)			UNDER 1 YEAR			DATE OF BIRTH (MONTH, DAY, YEAR)			COUNTY OF DEATH			
4. White			5a. 73			5b. 73			6. August 9, 1895			7a.			
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)									
7b. St. Louis			7c. YES			14. St. Louis-Little Rock Hospitals, Inc.									
STATE OF BIRTH (IF NOT IN U.S.A., NAME OF COUNTRY)			CITIZEN OF WHAT COUNTRY			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)			SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)						
8. St. Louis, Mo.			9. USA			10. Never Married									
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY									
12. 702-14-6067			13a. Clerk			13b. Railroad									
RESIDENCE—STATE			COUNTY			CITY, TOWN, OR LOCATION			INSIDE CITY LIMITS (SPECIFY YES OR NO)			STREET AND NUMBER			
14a. Missouri			14b.			14c. St. Louis			14d.			14e. 3649 Bates Street			
FATHER—NAME			FIRST			MIDDLE			LAST			MOTHER—MAIDEN NAME			
15. Charles J. Byrne			16. Mary Cummings												
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)												
17a. Don A. Byrne			17b. 9291 Old Bohamme Rd. St. Louis, Mo. 63122												
PART I. DEATH WAS CAUSED BY:			(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
18. IMMEDIATE CAUSE															
(a) Acute Pulmonary Edema						3 hrs.									
DUE TO, OR AS A CONSEQUENCE OF:															
(b) Congestive Heart Failure						10 days									
DUE TO, OR AS A CONSEQUENCE OF:															
(c) Status Post open reduction of hip fx.						5 days									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH									
19. Rheumatoid Arthritis			19a. Yes			19b. Yes									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)			DATE OF INJURY (MONTH, DAY, YEAR)			HOUR			HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)						
20a. accident			20b. 10-19-68			20c. —			20d. fall at home						
INJURY AT WORK (SPECIFY YES OR NO)			PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)			LOCATION			STREET OR R.F.D. NO., CITY OR TOWN, STATE						
20e. no			20f. home			20g.									
CERTIFICATION—PHYSICIAN:			MONTH			DAY			YEAR			AND LAST SAW HIM/HER ALIVE ON			
1. ATTENDED THE DECEASED FROM			10-10-1968			10-20-1968			21c. 10-20-1968			21d. Did not			
21a. DECEASED FROM			21b. 10-20-1968			21c. 10-20-1968			21d. Did not			21e. 7:35			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.															
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE			DEGREE OR TITLE			DATE SIGNED (MONTH, DAY, YEAR)						
22a. George R. Schoedinger, M.D.			22b. [Signature]			22c. M.D.			22d. 10-22-68						
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.			CITY OR TOWN			STATE			ZIP			
23a. 1755 South Grand Blvd.			23b. St. Louis, Missouri			23c. 63104									
BURIAL, CREMATION, REMOVAL (SPECIFY)			CEMETERY OR CREMATORY—NAME			LOCATION			CITY OR TOWN			STATE			
24a. Burial			24b. Calvary Cem.			24c. St. Louis, Missouri									
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP									
24d. 10/23/68			24e. Kriegshauser Mortuary West 8450 Olive Str. Rd. St. Louis, Mo.			24f. 63104									
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR									
25a. [Signature]			25b. [Signature]			25c. OCT 22 1968									

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 R. Stover

Licensed Embalmer No. 4007

P. O. Address St. Louis, Mo.

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.