

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34305

1. PLACE OF DEATH

County Missouri
Towship St. Louis
City St. Louis (No. Home of the Aged)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 9876
St. _____ Ward _____

2. FULL NAME

Bridget Byron

(a) Residence. No. 2207 Hebert St. St. 20 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Byron

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Emerson

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abh 78

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

10. NAME OF FATHER James Fitzgerald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Honora O'Keegan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Dr. Eugene de Souza
(Address) 2207 Hebert St.

15. FILED OCT 19 1928 Marie Starke
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to Oct. 6, 1928 that I last saw him alive on Oct. 5, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
46C Arteriosclerosis of Colon
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CONTRIBUTORY (SECONDARY) 45 Senility
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination
(Signed) Anthony A. Prekwski, M.D.

10/7, 1928 (Address) 1502 Cass Ave.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery DATE OF BURIAL 10-8 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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