

RECORDED JAN 11 1939

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

40859
Do not use this space.

1. PLACE OF DEATH

(a) County ST LOUIS Registration District No. 1003
(b) Township _____ Primary Registration District No. _____
(c) City ST LOUIS (d) Street No. ST JOHNS Registered No. 10551
HOBST St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

652 THOMAS B. BYRNES
(a) Residence, No. 5590A PAGE St. 5 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ALICE BYRNES
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 11 1891
7. AGE YEARS 67 MONTHS 9 DAYS 24 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PRISON GUARD
9. Industry or business in which work was done, as saw mill, bank, etc. POLICE DEPT.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WIS.

13. NAME BERNARD BYRNES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

15. MAIDEN NAME SARAH BURNS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) ALICE BYRNES
5590A PAGE

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE DEC 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L.M. MULLEN
5165 DELMAR BLVD

20. FILED DEC 7 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1938, to Dec 5, 1938

I last saw him alive on Dec 5, 1938 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic
Hypertensive Heart Disease
Pneumonia
Hypostatic Pneumonia, unspecified

Other contributory causes of importance:
Peripheral vascular
paralysis

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Harry W. Kueser, M. D.
(Address) 2301 W. Kingshighway

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.

¹⁴
Dr. Wise

PR 9422

2301 So Khway

1-3:PM

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

Registered Apprentice No., working under my personal supervision.

Signed Howard G Rawland

Licensed Embalmer No. 3114

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 this body is not embalmed, above space should be left blank.