DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 14 1939 791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27845

Primary Registration District No.

Registrar's No. 7345

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5071 Maple Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. 1 (b) County St. Louis

(c) City or town St. Johns Station NR
(If outside city or town limits, write "RURAL")

(d) Street No. 8855 Windom Ave.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Byrns 652

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex white

5. Color or race female

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Peter Byrns

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) II, (Day) 1859. (Year)

8. AGE: Years 80 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework 5

11. Industry or business

FATHER
12. Name James Brady 5
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget Curboy
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Fred Davis
(b) Address 8855 Windom Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 26/39. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hediamont Ave.,

19. (a) AUG 25 1939 (Date received local registrar) J. F. Brelick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1939 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 9, 1939, to Aug 23, 1939;
that I last saw her alive on July 24, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Maurice A. Deeler (M. D. or other)
Address 8924 St. Charles Rd. Date signed Aug 24, 1939

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I X19511

Dr. Dehr,
St.John St.,
9-10.00A.M.

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 Jas. W. Clark.

Licensed Embalmer No. 1661.

P. O. Address 1125 Hodiamont Ave.,

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.