. No. 2
-11-10-39
5-17-39
PI X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41163

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10934

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:
2718 Greer Ave.
(If not in hospital or institution, write street number or location)

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

In this community Life 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2718 Greer Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life years. 0

3. (a) PRINT FULL NAME Kate Byrne

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph

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

7. Birth date of deceased Feb 28th. 1859 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Unknown Kelly
13. Birthplace Unknown (City, town, or county) " " " (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) " " " " " (State or foreign country)

16. (a) Informant Mrs Mamie Mullen
(b) Address 2718 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrigan & Sheahan Und Co
(b) Address 4415 Washington Blvd.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31 year 1940 hour 9:58 AM minute M.

21. I hereby certify that I attended the deceased from Jan 19, 1940, to 12/31, 1940, that I last saw h er alive on 12/31, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 10 yrs

Due to Senility

Due to —

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

Major findings:
Of operations —

Of autopsy —

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)
(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 Frank Cleary (M. D. or other) M.D.
Address 1935 Park Date signed 12/31/40

(Licensed Embalmer's Statement on Reverse Side)

Dr Ellery
1937 Part

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.