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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8677**
Registrar's No. **2087**

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Anthony's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-days**
In this community **45 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Syron**
3. (b) If veteran, name war **None** 3. (c) Social Security No. _____

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. J.**
6. (b) Name of husband or wife **Celia** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 24th., 1876**
(Month) (Day) (Year)

8. AGE: Years **64** Months **8** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Shopman**

11. Industry or business **Public Service Co.**

MOTHER FATHER
12. Name **John Syron**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Burke**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Syron**
(b) Address **4404 Lafayette Ave.**

17. (a) **Burial** (b) Date thereof **3-7-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Thomas Syron**
(b) Address **3840 Lindell Blvd**

19. (a) **MAR 5 1941** (b) **J. H. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis** **1717**
(If outside city or town limits, write "RURAL")
(d) Street No. **4404 Lafayette Ave.** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **45 years** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **4th.** year **1941** hour **10** minute **0** M.
21. I hereby certify that I attended the deceased from **Mar 2** 1941 to **Mar 4** 1941; that I last saw him alive on **Mar 4** 1941 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypernephroma with metastases to skin tract**
Due to **Primary site kidneys**
Due to _____
Other conditions **no** (Include pregnancy within 3 months of death)
Major findings: Of operations **no**
Of autopsy **(see above)**

Duration
7
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 **no**
(c) Where did injury occur? **no**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**
While at work? **no** (Specify type of place) (e) Means of injury **no**
23. Signature **Henry P. Hume** (M. D. or other) **M.D.**
Address **508 N. Grand** Date signed **3/5/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linden Bl

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, fact should be so stated above.