

DEC 22 1941

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9322**

1. PLACE OF DEATH:

(a) County
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8227a Reilly /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Ida 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 **Married**

6. (b) Name of husband or wife **Martin B. Byrne** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **May 23, 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	6	0hr.min.

9. Birthplace **St. Louis, Missouri** /
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **John Merz**

13. Birthplace **Unknown** /
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Schiller**

15. Birthplace **Unknown** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martin Byrnes**

(b) Address **8227a Reilly**

17. (a) **Burial** (b) Date thereof **11-26-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **SOUTHERN FUNERAL HOME**

(b) Address **6322 South Grand Blvd**

19. (a) **NOV 24 1941** (b) **J. F. Budeck**
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **COO**
 (c) City or town **St. Louis,** / **119**
(If outside city or town limits, write "RURAL")
 (d) Street No. **8227a Reilly** / **7**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **23rd**
1941 year hour **11:30a.** minute M.

21. I hereby certify that I attended the deceased from **Nov. 17,** 19**41**, to **Nov. 23,** 19**41**;
 that I last saw her alive on **Nov. 23, 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....	Duration
Cerebral Thrombosis	1 day
Due to Parkinson's Disease	since 1918
Due to Encephalitis Lethargica	"

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?

While at work?.....
(Specify type of place) Means of injury.....
 23. Signature **A. W. Peters** (M. D. or other) **M. D.**
 Address **4145 a S. Grand** Date signed **11/24**

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 Virgil L. Bergman
Licensed Embalmer No. 4018
P. O. Address St Louis

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.