No. 2
1-4-41
17-39
X26390

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. 40204

Registration District No. 24 1942 791

Primary Registration District No. 1003

Registrar's No. 9932

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: 334 N. Taylor 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 29 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 334 N. Taylor Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mother Matilda Byrne

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 16th., 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
67	2	28	hr. min.

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

10. Usual occupation Religious

11. Industry or business

FATHER
12. Name John J. Byrne
13. Birthplace (City, town, or county) Ireland (State or foreign country)

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

16. (a) Informant Mother Superior
(b) Address 334 N. Taylor Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 15 1941 (Date received local registrar) (b) J. P. Griesedieck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14th. year 1941 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept. 1923, to Dec. 1941; that I last saw her alive on Dec 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Degenerative Myocarditis	12 yrs.
Due to Senile Arteriosclerosis	—
Due to	
Other conditions hrn (Include pregnancy within 5 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) (e) Means of injury

23. Signature Hiram L. Huggett (M. D. or other) MD
Address 3720 Washington Blvd. Date signed 12/15/41

(Licensed Embalmer's Statement on Reverse Side)

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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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.