

FILED MAR 10 1943
Registration District No. 318

Primary Registration District No. Registrar's No. 1879

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 5 yrs.
(Specify whether In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 3400 So. Grand Blvd.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JULIA BYRNE

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. June 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 - hr. min.

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

10. Usual occupation. At Home

11. Industry or business.....

12. Name..... Thomas Byrne

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

14. Maiden name..... Ellen Keenan

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

16. (a) Informant..... Mrs. R. Kettenbach

(b) Address..... 3683 Lierman

17. (a) Burial (b) Date thereof..... 2/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... 2842 Meramec St.
(b) Address.....

19. (a) FEB 25 1943 (b) J. F. Baedek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th.
year 1943 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb 9 to Feb 24 1943
and that death occurred on the date and hour stated above.
that I last saw him alive on Feb 23 1943

Immediate cause of death..... Arterio. Sclerosis
Duration 7 yr

Due to..... Pneumonia
Due to..... 2 W

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

Major findings:
Of operations..... 107
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..... J. F. Baedek (M. D. or other)
Address..... 3683 Lierman Date signed.....

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 _____ me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Joe S. Benz
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, Mo.

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.