

V. S. No. 2
50M-5-42
7-5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4001**
1729
Registrar's No.

FILED MAR 2 1943
Registration District No. **518**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution:
355 Christian Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **None**
(Specify whether
In this community..... **Birth**
years, months or days)

3. (a) PRINT FULL NAME **Edward J. Byrns**
3. (b) If veteran, name war **None**
3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Jennie Costello Byrns**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **September 20, 1870**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
72 5 0 hr. min.

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

10. Usual occupation..... **Car builder**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Michael J. Byrns**
13. Birthplace..... **Unknown Canada 2**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Annie J. Jessup**
15. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs Jennie Byrns**
(b) Address..... **355 Christian Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **2/23/43**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Math Hermann & Son**
(b) Address..... **216 1/2 East Fair Ave**

19. (a) **FEB 22 1943** (Date received local registrar) (b) **J. F. Medbeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County..... **St. Louis**
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **355 Christian Ave**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **20th**
year..... **1943** hour..... **11:40 PM** minute..... M.

21. I hereby certify that I attended the deceased from **Feb 15**
..... 1943, to **Feb 20**..... 1943
that I last saw him alive on **Feb 20**..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Heart paralysis from cerebral tumor
Due to..... **Hypertension - rhegma**
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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. Medbeck** (M. D. or other)
Address..... **2740 S. N. Frank** Date signed..... **2/23/43**

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 Francis P. Williamson
Licensed Embalmer No. 3565
P. O. Address 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.