

**FILED JUN 14 1943**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County None  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Faith Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 Days  
In this community 78 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JULIA T. 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 Widow  
6. (b) Name of husband or wife Dec.  
John J. Byrne  
6. (c) Age of husband or wife if alive Dec. years  
7. Birth date of deceased March 5th 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 2 20 15 hr 50 min.

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

10. Usual occupation Housewife

11. Industry or business At. Home

12. Name - Lawrence Bolger

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

14. Maiden name Mary Smith

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

16. (a) Informant Helen R. Byrne

(b) Address 3850 Maffitt

17. (a) Burial (b) Date thereof June 5/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Anton-Rochelage

(b) Address 6536 Clayton Road

19. (a) JUN 4 1943 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County None  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3850 Maffitt Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? None years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 2  
year 1943 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 5-17-1943 to 6-2-1943

that I last saw her alive on 6-2-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Decompensation Duration 6 mo.

Due to Atherosclerosis, General

Due to Nephritis, Chronic

Other conditions 1/31  
(Include pregnancy within 3 months of death)

Major findings: Strangulated Umbilical Hernia  
Of operations None  
Of autopsy None

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) none

(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 Nicholas Vitale (M. D. or other)

Address 3861 St. Louis Ave. Date signed 6/4/43

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

*Henry M. Brammer*

Licensed Embalmer No.....

*4200*

P.O. Address.....

**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.**