

S. No. 2
M-5-43
7-5-17-39
1 X36671

FILED OCT 28 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9003**

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

1. PLACE OF DEATH:
(a) County MISSOURI
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 066
(c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1627 1/2 S. NINTH ST. 9
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Byrne, Hugh
3. (b) If veteran, name war _____ **3. (c) Social Security** No. 496-22-3933

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 20
year 46 hour 3 minute 28 a.m.
21. I hereby certify that I attended the deceased from 10-17, 1946, to 10-20, 1946,
that I last saw him alive on 10-19, 1946,
and that death occurred on the date and hour stated above.

4. Sex MALE **5. Color or race** WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATHERINE **6. (c) Age of husband or wife if** _____
alive 50 years
7. Birth date of deceased. MAY 4 1893
(Month) (Day) (Year)

Immediate cause of death _____ Duration
Generalized Peritonitis 48 hrs
and Hemorrhage 2-3 hrs
Due to Perforated Peptic Ulcer 14 hrs
Due to _____
Other conditions _____
(include pregnancy within 3 months of death)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>53</u> | <u>5</u> | <u>16</u> | _____ hr. _____ min. |

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation BARTENDER

11. Industry or business STATLER HOTEL

MOTHER FATHER

12. Name JOHN D. BYRNE

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

14. Maiden name MARY BOYLE (State or foreign country)

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

16. (a) Informant KATHERINE BYRNE

(b) Address 1627 1/2 S. NINTH ST.

17. (a) BURIAL (b) Date thereof OCT. 23 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Producers & Son

(b) Address 22946 GRAYOIS

19. (a) OCT 21 1946 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

Major findings: Perforated Peptic Ulcer
Of operations & Generalized Peritonitis
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 Eugene T. Dwyer (M. D. or other) MD
Address 1325 S Grand Ave. Date signed 10-21-46

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..... *Leo J. Budd*.....
Licensed Embalmer No..... *39 89*.....
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.