S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 35566

FILED NOV 14 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10240

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: 1528½ S. BROADWAY
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: [illegible]
(c) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1528½ S. BROADWAY
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: MAMIE 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: WIDOW
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: unk (Month) (Day) (Year)

8. AGE: Years: ABOUT 58 — Months: — — Days: — — If less than one day: ..... hr. ..... min.

9. Birthplace: ALTON (City, town, or county) ILL. (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business .....
MOTHER — 12. Name: CHARLES OVERSTREET
13. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)
FATHER — 14. Maiden name: MARGARET JONES
15. Birthplace: ILLINOIS (City, town, or county) (State or foreign country)
16. (a) Informant: GEORGE H LEASCH
(b) Address: 1528½ S. BROADWAY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: NOV. 6. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: RESURRECTION CEM.
18. (a) Signature of funeral director: Thomas Kutis & Son
(b) Address: 7906 GRAVOIS
19. (a) NOV 6 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 3 year: 1947 hour: 8 minute: P M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Coronary Thrombosis
Due to: [illegible]
Due to: [illegible]
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations .....
Of autopsy .....

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 25
23. Signature: Patrick E. Taylor (M. D. or other)
Address: Deputy Coroner Date signed: 12-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....; Registered Apprentice No.....,

working under my personal supervision.

Signed Hamer C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

**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.