

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35865

76  
3

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>4069</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lemay</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silex</u>		57	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Torrence's Home for the Aged</u>				d. STREET ADDRESS (If rural, give location) <u>Rural - Silex, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u>		b. (Middle)		c. (Last) <u>Byrne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 4, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>January 9, 1866</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Byrne</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dennis Sullivan Silex, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Chorea</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u> <u>3 yrs +</u> <u>3 yrs +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) <u>420.0</u>		21d. STATE <u>420.0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 19 <u>46</u> , to <u>Oct</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/3/49</u> , and that death occurred at <u>6:20 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William F. McClave M.D.</u>				23b. ADDRESS <u>7619<sup>th</sup> Gray Ave.</u>		23c. DATE SIGNED <u>10/4/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - Motor</u>		24b. DATE <u>10/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>By: J. O. Mudd Funeral Home To: Silex, Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Silex, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-4-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U&amp;L Co. 7814 S. Bdwy City II</u>			

2

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Fred J. Schuman*.....

Licensed Embalmer No. *2629*.....

P. O. Address *2874 J. Parkway*.....

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.