

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1562

0500

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

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 8594 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN <u>RURAL - MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>11 mo. 12 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Bell Inf. Center</u>		d. STREET ADDRESS (If rural, give location) <u>3951 MAFFITT AVE.</u>	

3. NAME OF DECEASED (Type or Print) <u>NICHOLAS</u>			4. DATE OF DEATH <u>FEB. 3, 1950</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<u>NICHOLAS</u>		<u>BYRNE</u>	<u>FEB.</u>	<u>3.</u>	<u>1950</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>10/31/1866</u>	9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VARIOUS CONTRACTORS</u>	11. BIRTHPLACE (State or foreign country) <u>IRELAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>NICHOLAS BYRNE</u>	13b. MOTHER'S MAIDEN NAME <u>MARY DOWLING</u>	14. NAME OF HUSBAND OR WIFE <u>ANN McCUNE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Brother Paschal, P.S.T.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>42 21/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC INSUFFICIENCY</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDITIS</u> DUE TO (c) <u>ARTERIO-SCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input 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) (STATE) _____
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 FEB. 21, 1949, to JAN. 30, 1950, that I last saw the deceased alive on JAN. 30, 1950, and that death occurred at 5:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Mander, M.D.</u>	23b. ADDRESS <u>3155 N. YANDENTER</u>	23c. DATE SIGNED <u>2/2/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>

DATE REC'D BY LOCAL REG. <u>Feb 3, 1950</u>	REGISTRAR'S SIGNATURE <u>Miss Ruth Jirca</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>	ADDRESS <u>3840 Lindell</u>
---	--	--	-----------------------------

DATE RECEIVED 8-6-50
JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

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.

Signed.....

W. Van Matre

Signed.....

Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.