

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

13872

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1003

State File No.

3506

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2079</u> <u>5956 Laura Ave.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5956 Laura Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>5956 Laura Ave.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marty</u>		b. (Middle) <u>P</u>		c. (Last) <u>Byrne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 3 1891</u>			
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Martin Byrne</u>			13b. MOTHER'S MAIDEN NAME <u>Delia McDonough</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Byrne</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NUMBER <u>489-09-1865</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Byrne</u>		ADDRESS <u>5956 Laura Ave.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic aneurism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9 years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? <u>Auto</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? <u>Auto</u>					
22. I hereby certify that I attended the deceased from <u>July 12th 1941</u> , to <u>April 13th 1951</u> , that I last saw the deceased alive on <u>4/13</u> , 1951, and that death occurred at <u>2:00 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. Gallagher</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>4/14/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/16/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 15 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan Funeral Dir 2849 N. Euclid</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Robert L. Brinkman*
Licensed Embalmer No. *3553*
P. O. Address *St. Louis*

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.