

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013516

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 871 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Sh. Louis</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Sh. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Clayton</i>		Length of stay in 1b <i>7 hrs.</i>	c. CITY OR TOWN <i>Jerguacaw</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sh. Louis Co. Hosp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>241 Manning</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Mary</i> Middle <i>Byrne</i> Last <i>Byrne</i>			4. DATE OF DEATH Month <i>3</i> Day <i>13</i> Year <i>1960</i>		
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5. SEX <i>F.</i>	6. COLOR OR RACE <i>Sh.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-13-76</i>	9. AGE (last birthday) <i>94</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i>	IF UNDER 24 HR Hours <i>0</i> Min. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	11. BIRTHPLACE (City and state or country) <i>Ireland</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
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13a. FATHER'S NAME <i>Burne Gansley</i>	13b. MOTHER'S MAIDEN NAME <i>Annie Brum</i>	14. NAME OF HUSBAND OR WIFE <i>Jack Byrne</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Jack Byrne</i> Address <i>241 Manning</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>It is unknown.</i>		
DUE TO (b) <i>Unknown Cause</i>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Generalized Arteriosclerosis - marked</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <i>6:30</i> a.m. <i>p.m.</i> Month, Day, Year <i>3-13-1960</i>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Jerguacaw, Mo.</i>	COUNTY <i>St. Louis</i>	STATE <i>Mo.</i>
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21. I attended the deceased from <i>3-13-1960</i> to <i>3-13-1960</i> and last saw her alive on <i>3-13-1960</i> Death occurred at <i>6:30 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Morris London MD</i>	22b. ADDRESS <i>601 S. BRENTWOOD BLVD.</i>	22c. DATE SIGNED <i>3-14-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>3-16-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	23d. LOCATION (City, town, or county) (State) <i>Jerguacaw, Mo.</i>
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24. FUNERAL DIRECTOR <i>White-Mullen York</i>	ADDRESS <i>Jerguacaw, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>3-14-60</i>	26. REGISTRAR'S SIGNATURE <i>John M. Murphy MD</i>
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. M. White

Licensed Embalmer No. 2973

P. O. Address Jergensen

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.