

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Stanley BYTNAR **356**
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stefanie Bytnar
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased January 7, 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Poland
(City, town, or county) (State or foreign country)
10. Usual occupation Grocer

11. Industry or business _____
12. Name Frank Bytnar
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Marie Pilar
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Stefanie Bytnar
(b) Address 2600 S. 11th St.
17. (a) Burial New SS. Peter & Paul
(Burial, cremation, or removal) **(b) Date thereof** Aug. 10-40
(Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Wm. Maydell
(b) Address 1926 Allen Ave
19. (a) AUG 8 1940 **(b)** J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State 0 Missouri (b) County _____
 (c) City or town St. Louis **23**
(If outside city or town limit, write "RURAL")
 (d) Street No. 2600 South 11th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 6
 year 1940 hour 12 minute 30 P. M.
21. I hereby certify that I attended the deceased from 7/21/40
 _____, 19____, to 8/6, 19____
 that I last saw him alive on 8/6, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis
Duration 16 days
Due to Cardiac Decompensation **5 days**
Hypertension, Pulmonary
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
 Of operations _____
 Of autopsy _____
PHYSICIAN _____
 Underline the cause to 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 _____
23. Signature William H. Proveler **(M. D. or other)** MD
 Address 1225 Milway Date signed 8/7/40

Dr. Braeder
12-5-1922

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 Benj. C. Duman
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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, above space should be left blank.