

#45290  
**FILED JUN 6 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **4716**

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital-Max C. Starkloff Home For the Aged, 3400 So. Grand**  
(If not in hospital or institution, write street number or location) **Memorial**  
(d) Length of stay: In hospital or institution **8 days**  
(Specify whether \_\_\_\_\_)  
In this community **10 years,**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri,** (b) County \_\_\_\_\_  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **FRED BYRNES**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male,** 5. Color or race **White,** 6. (a) Single, widowed, married, divorced **Single,**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased **October 9, 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 7 16** hr. min.

9. Birthplace **St. Louis, Missouri,**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Day Laborer,**

11. Industry or business \_\_\_\_\_

12. Name **Peter Byrnes,**

13. Birthplace **Don't Know,** 9  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Howard,**

15. Birthplace **Don't Know,** 0  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sister Ste. Ludivine,** 1

(b) Address **3400 So. Grand Ave.,**

17. (a) **Burial,** (b) Date thereof **5/28/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS. Peter & Paul Cem.**

18. (a) Signature of funeral director **Gebken-Benz Mortuary**

(b) Address **2842 Meramec St.,**

19. (a) **MAY 27 1946** (b) **J. F. Bradeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **25th**  
year **1946** hour **4:10** minute **A** M.

21. I hereby certify that I attended the deceased from **May 17th 1946**  
to **May 25th,** 19 **46**  
that I last saw him alive on **May 25th,** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Ht. Disease**  
**Decompensated** 7 days.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature **J. J. Parker** 5/25/46  
Address **1315 Lafayette** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, Mo.

**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.**