

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH  
1003

31618

State File No. ....

Registrar's No. **8356**

Registration District No. **318** Primary Registration District No. ....

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:  
**2302 Montgomery St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Michigan** (b) County.....  
(c) City or town **Detroit**  
(If outside city or town limits, write "RURAL")  
(d) Street No **12340 Wyoming Ave** **Detroit Mich**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Bertha Byrne**  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John J. Byrne**  
6. (c) Age of husband or wife if alive **57** years  
7. Birth date of deceased **Oct 4 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**61** **11** **23** hr. min.

9. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

11. Industry or business.....  
12. Name **William Zieger**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Fredericke Redemeyer**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John J Byrne**  
(b) Address **12340 Wyoming Detroit Mich**  
17. (a) **Burial** (b) Date thereof **Sept 30 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cem**  
18. (a) Signature of funeral director **Calvin F. Feutz**  
(b) Address **4828 Nat Bridge Blvd**  
19. (a) **SEP 29 1946** (b) **J. F. Bredeck**  
(Date received in register) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Se** pt day **27**  
year **1946** hour **1:00** minute **A.** M.  
21. I hereby certify that I attended the deceased from **Aug**  
**1946** to **Sept 27** 19**46**  
that I last saw h. **alive on Sept 27** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cardiac disease**  
**Nephritis**  
Due to.....  
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.....  
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) (e) Means of injury.....  
23. Signature **Asst. Sewing** (M. D. or other) **MD**  
Address **2342 St Louis** Date signed **9/28/46**

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

0  
7  
9

997  
NR 20  
MICH 0  
20

MOTHER FATHER

SEP 30 1946

(Licensed Embalmer's Statement on Reverse Side)

*Munday, 1/11/12*

*2-3*

*St. Louis*

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**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 *Ralph C. Lindus*

Licensed Embalmer No. *4275*

P. O. Address *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.**