

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37696
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Luthern Hospital** Registered No. **10023**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Augustus W. Birkicht**

(a) Residence, No. **3517 Juniata St.** St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 23, 1876**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Clerk**
9. Industry or business in which work was done, as saw mill, bank, etc. **Wacker Helderle**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Fredrick E. Birkicht**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

MOTHER 15. MAIDEN NAME **Emma Ehlert**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **William F. Birkicht** (ADDRESS) **4305 So. 37th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Mathews** DATE **Nov. 22nd, 1938**

19. FUNERAL DIRECTOR (NAME) **Wacker Helderle** (ADDRESS) **2331 So. Broadway**

20. FILED **NOV 21 1938** **J. T. Bredeck** Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 19th, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Nov. 19 7 AM, 1938** to **Nov. 19 10 AM, 1938**
I last saw him alive on **Nov. 19, 1938** Death is said

to have occurred on the date stated above, at **1:20 PM**.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (non-traumatic) Date of onset

Other contributory causes of importance:
87

Name of operation **none** Date of _____
What test confirmed diagnosis **Physical Exam** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **No** Date of injury **No**, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**.
If so, specify _____ (Signed) **George J. Gelp** M. D.
(Address) **3235 So. Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

Frank J. Dyland

or by

Registered Apprentice No. _____, working under my personal supervision

Signed

Frank J. Dyland
2645
St. Louis, Mo.

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.