

REC'D FEB 10 1939

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

181
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City..... St. Louis / (d) Street No. 3635 Laclede Ave. Registered No. 181
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

630 Margaret Ann Bird
(a) Residence, No. 3635 Laclede Ave. St. 19 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Unk. Unk. 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 Unk. Unk.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester England 4

FATHER 13. NAME Daniel Bird

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME Ellen Faulkner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mrs. Ellen Alexander (ADDRESS) 3635 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Jan. 6, 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly (ADDRESS) 3840 Lindell Blvd.

20. FILED JAN 5 1939

J. D. Bredes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938, to Jan. 3, 1939
I last saw her alive on Jan. 3, 1939. Death is said to have occurred on the date stated above, at 9:10 am.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 12-27-38

Other contributory causes of importance:

Arterio-sclerosis
Senile psychosis
Senility

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 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) Alvin L. Jennings, M. D.
(Address) 4600 Maryland

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

Alfred J. Bredetter

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.