

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26901**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6797**

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: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution all 4 years
(Specify whether _____)
In this community add. 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 Carr St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Martin Birdeye

3. (b) If veteran, name war _____ 3. (c) Social Security No. 717-12-0212

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

6. (b) Name of husband or wife Nancy Birdeye 6. (c) Age of husband or wife If alive 27 years

7. Birth date of deceased 7-7-1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

11. Industry or business None

MOTHER FATHER
12. Name George Birdeye
13. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)
14. Maiden name White Maria
15. Birthplace Jackson Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Nancy Birdeye

(b) Address 1519 Carr St

17. (a) Removal (b) Date thereof 8-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Tenn

18. (a) Signature of funeral director Mary Wade

(b) Address 4262 Fairway Ave
St. Louis

19. AUG 10 1940 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
year 1940 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis
subject who accidentally
shot with a gun in the
hands of wife while
in shooting at another man
about 10.30 P.M. July 29
1940 in front of
Other conditions 1519 Carr St.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations Homicide
Of autopsy 21
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) Homicide
(b) Date of occurrence July 29 1940
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? no (Specify type of place) (e) Means of injury gun
23. Signature Alfred J. Perry (M. D. or other) _____
Address deputy Corbin Date signed 8/10/40

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.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.