DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8218

MAR 19 1941

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 523

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1076 Sutter Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: UNIVERSITY CITY
(If outside city or town limits, write "RURAL")

(d) Street No.: 1076 Sutter Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Louis W. Birdnow

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Molly Birdnow

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: Jan 13, 1870 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Self

MOTHER FATHER

12. Name: Louis Birdnow

13. Birthplace: St. Louis Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Jennie Washburn

15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Mrs. Mollie Birdnow

(b) Address: 1076 Sutter Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/10/41 (Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill Cemetery

18. (a) Signature of funeral director: Shepard Funeral Home

(b) Address: 1167 Hamilton Avenue.

19. (a) MAR 8 1941 (Date received local registrar) (b) J. K. Myers M.D. D.P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7, 1941 year 10 hour 00 minute P M.

21. I hereby certify that I attended the deceased from Feb. 26, 1941, to March 7, 1941; that I last saw him alive on March 6, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral apoplexy	7 days
Due to: Hypertension	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: None

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:

(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)

(e) Means of injury:

23. Signature: Durand Benjamin (M. D. or other) MD

Address: 7408 Maryland Ave. Date signed: 3/8/41

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 30 1948

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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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.