7. S. No. 2
50M—5-42
ev. 5-17-39
P-I X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15866

FILED JUN 9 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5030

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5009 Vernon Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5009 Vernon Ave (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth M. Bird

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife None

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

7. Birth date of deceased March 28, 1909 (Month) (Day) (Year)

8. AGE: Years 34 Months 2 Days 0 If less than one day hr. min.

9. Birthplace Popular Bluff (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name L.E. Bird

FATHER 13. Birthplace Birds (City, town, or county) Ill. (State or foreign country)

MOTHER 14. Maiden name Mae Mills

MOTHER 15. Birthplace Popular Bluff (City, town, or county) Mo. (State or foreign country)

16. (a) Informant L. E. Bird Sr.

(b) Address 5009 Vernon Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) (Date received local registrar) JUN 1 1943 (b) J. F. Bussen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1943 hour 5:30 PM minute M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiating Gas Poison When Deceased was found in Basement of her home near

Due to Two Plate gas Burner, Covered with a Piece of oil cloth and

Due to Jets turned on 5-28-43

Duration

Other conditions (Include pregnancy within 3 months of death) None

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) Suicide

(b) Date of occurrence 5-28-43

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J. Perry (M.D. or other)

Address Date signed 6/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Francis C. Williamson

Licensed Embalmer No. 3565

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.