S. No. 2
M—2-43
5-17-39
I X35627

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32918

State File No.

FILED OCT 27 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9127

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 WKS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999
(a) State ILLINOIS (b) County JACKSON
(c) City or town ORAVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME BIRKNER, Edward
3. (b) If veteran, name war NO
3. (c) Social Security No. —
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife DOLLY BIRKNER
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased DEC. (Month) 27 (Day) 1875 (Year)

8. AGE: Years 67 Months 9 Days 19 If less than one day hr. min.

9. Birthplace JACKSON CO. (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation COAL MINE OPERATOR
11. Industry or business COAL BUSINESS
FATHER
12. Name PETER BIRKNER
13. Birthplace UNKNOWN (City, town, or county) PENN. 1 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)
16. (a) Informant Capt. E. H. Birkner
(b) Address Salt Lake City Utah
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro Ill
18. (a) Signature of funeral director Crawshaw Funeral Home
(b) Address Murphysboro Illinois
19. (a) OCT 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1943 hour 12 minute 30 p. M.
21. I hereby certify that I attended the deceased from Sept. 18, 1943, to Oct. 16, 1943
that I last saw him alive on Oct. 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Emboli to Kidney and left leg Uremia
Due to Arteriosclerotic Heart Disease c̄ auricular fibrillation
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature M. C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 10/17/43

(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 William T. Hirons

Licensed Embalmer No. 4319

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.