

S. No. 2
M-543
v. 5-17-39
I X36871

FILED MAY 17 1946
318

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4199

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs.
(Specify whether years, months or days)

In this community 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2217
(If outside city or town limits, write "RURAL")

(d) Street No. 521 St. Joseph Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARIE BIRCHKUS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Max 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 8, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 7 minute 29 P.M.

21. I hereby certify that I attended the deceased from April, 1946, to May 7, 1946;
that I last saw her alive on May 6, 1946;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>8</u>	<u>29</u>	<u>4</u> hr. <u> </u> min.

Immediate cause of death A.p.o.p.l.e.x.y 3 wks.

Due to Arteriosklerosis

Due to Chronic Nephritis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation house-wife

11. Industry or business

MOTHER, FATHER

12. Name Max Peklops

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Max Birchkus
(b) Address 521 St. Joseph Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-10-46
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Av. St. Louis, Mo

19. (a) MAY 9 1946 (Date received local registrar) J. F. Bruesch (Registrar's signature)

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 Skillard J. Nash (M. D. or other) D.O.
Address 1829 S. 18th St. Louis 4, Mo. Date signed 5/8/46

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

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..... *L P Cooper*

Licensed Embalmer No. *3633*

P. O. Address *23010 Alhambra*

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.