

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
6932 NOONAN  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ADELAIDE BIRTLEY

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

4. Sex FEMALE 5. Color or race W 6. (a) ~~Single, widowed, married,~~ divorced MARRIED

6. (b) Name of husband or wife Wm J. BIRTLEY 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased SEPT. 25 1881  
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation DRESS SHOP

11. Industry or business \_\_\_\_\_

12. Name HENRY BERGER

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

14. Maiden name MARY CLINTON

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

16. (a) Informant Min Wm J Birtley

(b) Address 6932 Noonan av

17. (a) BURIAL (b) Date thereof JULY 3 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD S. S. Peter & PAULS

18. (a) Signature of funeral director E. J. Schurr

(b) Address 3175 Lafayette av

19. (a) JUL 2 1946 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 6932 NOONAN  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1946 hour 6 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6/26/46 to 6/29/46 19\_\_\_\_;  
that I last saw her alive on 6/26/46 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis 3 days

Due to Chr. Cardio-myelitis 5 yrs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) (a) Means of injury \_\_\_\_\_

23. Signature E. J. Schurr (M. D. or other) MP

Address 2901 Big Bend Rd Date signed 7/2/46

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

20-110

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**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 jos B Vollmer  
Licensed Embalmer No. 4014  
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.**