

7. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28443

State File No. _____

FILED AUG 20 1946
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7039

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:
5533 Gates Ave.
(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)

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. 5533 Gates Ave.
(If rural, give location)

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

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

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Norman Birch

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

7. Birth date of deceased April 15 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1946 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from May 1946 to aug 10 1946
that I last saw him alive on aug 10 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>81</u>	<u>3</u>	<u>25</u>	hr. min.
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Immediate cause of death Myocardial failure Duration 3 days

Due to hypertension - cardiac vascular disease 10 yrs

Due to renal changes 10 yrs

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Unknown Mentzel

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel Birch

(b) Address 5533 Gates Ave.

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? _____

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Brodick (M. D. or other) M.D.

Address 4957 Maryland Date signed Aug 12 1946

19. (a) Aug 12 1946 (b) J. F. Brodick (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

27281

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 *John Agorowski*
.....
Licensed Embalmer No. *3398*

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, fact should be so stated above.