No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19598

FILED JUN 9 1947
Registration District No. 7

Primary Registration District No. 3069

Registrar's No. 1070

1. PLACE OF DEATH
(a) County St Louis
(b) City or town St. Louis Richmond Ht
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town Belleville
(If outside city or town limits, write "RURAL")
(d) Street No. 117 N. 12th.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lillian Caroline Birnstiehl
3. (b) If veteran, name war -
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced -
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased May (Month) 9, (Day) 1947 (Year)

8. AGE: Years 0 | Months 0 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation -
11. Industry or business -
MOTHER FATHER
12. Name Lester Birnstiehl
13. Birthplace Belleville, Ill. (City, town, or county) (State or foreign country)
14. Maiden name Bernadetta Emming
15. Birthplace L--- Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Lester Birnstiehl
(b) Address Belleville, Ill.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 5/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.
18. (a) Signature of funeral director Geo Gaudie
(b) Address Belleville, Ill.
19. (a) 5-27-47 (Date received local registrar) (b) Earl C. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1947 hour 10 minute P. M.
21. I hereby certify that I attended the deceased from May 10, 1947, to May 24, 1947; that I last saw h. alive on May 24, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis, acute hemorrhagic	1 da
Due to	
Due to	
Other conditions Anemia, erythrocytic (Include pregnancy within 3 months of death)	14 da

Major findings:
Of operations 16
Of autopsy Hemorrhagic nephritis

PHYSICIAN — Underline the cause of 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 H. L. Large (M. D. or other)
Address 7 N. Ill. Belleville Date signed 26 May

Jefferson City Printing Co.

(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.

Body not embalmed.

Signed .....

Licensed Embalmer No.....

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.