No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
Public Health Service
Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32331

Registrar's No. 8458

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 4552 McKinley Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years
years, months or days)

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. 4552 McKinley Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Clarence Birdwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Adelaide Birdwell

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Nov. (Month) 27 (Day) 1915 (Year)

8. AGE: Years	Months	Days	If less than one day
31	9	7	hr. min.

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

10. Usual occupation Service Man

11. Industry or business Refrigeration.

FATHER
12. Name Dont Know Birdwell
13. Birthplace Mo.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Chandler
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adeliade Birdwell
(b) Address 4552 McKinley Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-5-47 (Month) (Day) (Year)

(c) Place: burial or cremation Harrison ARK

18. (a) Signature of funeral director Arthur L. Donnell
(b) Address 3840 Randall Blvd

19. (a) SEP 5 1947 (Date received local registrar) (b) J. F. Bielecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th
year 1947 hour 7 minute 11 A. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging when deceased was found hanging by the neck from the top of the door of his home at 4552 McKinley Ave. on Sept 4th 1947 about 5:15 P.M. [illegible]

Duration

Other conditions (Include pregnancy within 3 months of death) Hanging [illegible]

Major findings:
Of operations

Of autopsy

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) Suicide

(b) Date of occurrence Sept 4 1947

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury Hanging

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 9/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 22 1934

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4240 Lafayette

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.