

FILED DEC 31 1947

318

Primary Registration District No.

1003

State File No.

Registrar's 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.....  
**City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
**Life** (Specify whether  
In this community.....  
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. .... **1528 Menard Street**  
(If rural, give location)  
**23**  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **17**  
year **1947** hour **12** minute **45** P.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  
**Broncho Pneumonia**  
Due to.....  
Due to.....  
Other conditions.....  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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?.....  
Means of injury.....  
23. Signature.....  
Address.....  
Date signed.....

3. (a) PRINT FULL NAME **CARROLL ANN BIRKNER**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex..... **Female**  
5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Single**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **May 25-1947**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**6** **22** hr. min.

9. Birthplace..... **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Nil**

11. Industry or business.....  
12. Name..... **Frank P. Birkner Sr.**

13. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Carmalette Eaton**

15. Birthplace..... **St. James, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Frank P. Birkner Sr.**  
(b) Address..... **1528 Menard Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **12-19-1947**  
(Month) (Day) (Year)  
(c) Place: burial or cremation..... **Calvary**

18. (a) Signature of funeral director.....  
(b) Address..... **1926 Allen Avenue**

19. (a) **DEC 18 1947** (Date received from registrar) (b) **J. F. Prudeck** (Registrar's signature)

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

212

oaw

17

9

11

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

3

12/17/47

**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.....

..... **Me** ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Benj. L. Duncan* .....

Licensed Embalmer No..... **2272** .....

P. O. Address..... **1926 Allen Avenue** .....

**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.