S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9987

FILED APR 7 1948

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3054

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

1. PLACE OF DEATH:

(a) County ~~3927 Chippewa St.~~

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3927 Chippewa 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 23 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County .....

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3927 Chippewa 7 (If rural, give location)

(e) Citizen of foreign country? 16 (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Ora M. Birkenhauer

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Theodore R. Birkenhauer

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 15 (Day) 1886 (Year)

8. AGE: Years 61 Months 10 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Madison County, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Newton Jasper Wilson
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Sarah E. Short
15. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Theodore R. Birkenhauer

(b) Address 3927 Chippewa

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar. 30 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc

(b) Address 1936 St. Louis Avenue

19. (a) MAR 30 1948 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1948 hour 11.00 minute ..... AM.

21. I hereby certify that I attended the deceased from March 20, 1928, to Nov. 10, 1947 that I last saw her alive on Nov 10, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	1 wk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	20 years
Major findings: Of operations 3/29/48	
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) .....

(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 0

23. Signature H H Stockelford (M. D. or other)

Address 3903 Olive Date signed 3/29/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. H. Schatchford
3903 Olive
1-5

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 Neal le Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

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.