

5. No. 3007
 10. 48
 Filed MAY 27 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17755

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4029							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri				b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (in this place) 2 weeks				d. CITY (If outside corporate limits, write RURAL and give township) Lemay					
e. CITY OR TOWN				f. STREET ADDRESS (If rural, give location)				g. DATE OF DEATH (Month) (Day) (Year) Apr. 28 1952					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				d. STREET ADDRESS 15 Worthington Dr.				1. NAME OF DECEASED a. (First) Betty					
3. NAME OF DECEASED				b. (Middle) J.				c. (Last) Birsinger					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH Dec. 7, 1929		9. AGE (In years last birthday) 22		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.					
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME William E. Murray				13b. MOTHER'S MAIDEN NAME Ethel M. Ladd					
14. NAME OF HUSBAND OR WIFE Henry J. Birsinger				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 496-28-3298					
17. INFORMANT'S SIGNATURE OR NAME Henry J. Birsinger, 15 Worthington Dr.,				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH four days					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic toxic myo carditis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Intestinal Obstruction (small bowel) + mesenteric thrombosis				DUE TO (b) Intestinal Obstruction (small bowel) + mesenteric thrombosis					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Appendectomy + Pelvic operation				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
19a. DATE OF OPERATION 4/15/52				19b. MAJOR FINDINGS OF OPERATION Appendicitis, buccal cyst, Retroversion				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____					
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 5500				22. I hereby certify that I attended the deceased from April 4, 1952 , to April 28, 1952 , that I last saw the deceased alive on Apr 28, 1952 , and that death occurred at 9:50A m. , from the causes and on the date stated above.					
23a. SIGNATURE Lucas W. Hutton M.D.				23b. ADDRESS 3606 Gravois				23c. DATE SIGNED 4/29/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal IL		24b. DATE May 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary					
DATE REC'D BY LOCAL REG. APR 29 1952				REGISTRAR'S SIGNATURE J. Carl Smith M.D.				ADDRESS 6464 Chippewa St., St. Louis, Mo.					

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

m 913
 (Licensed Embalmer's Statement on Reverse Side)

Dr. Lewis J. Hutton
3606 Gravois Ave.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *2514 S Broadway*

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.