

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36179**

FILED NOV 13 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10024**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
c. LENGTH OF STAY (In this place) 3mon		d. STREET ADDRESS (If rural, give location) 1312 Belt Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1312 Belt Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) (Richard) b. (Middle) Arthur c. (Last) Bireley		4. DATE OF DEATH (Month) (Day) (Year) 10 - 30 - 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9 - 7 - 1873
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Custodian	11. BIRTHPLACE (City and State or Foreign Country) Urbana, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Custodian		10b. KIND OF BUSINESS OR INDUSTRY Principia College	
11. BIRTHPLACE (City and State or Foreign Country) Urbana, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Louis Bireley		13b. MOTHER'S MAIDEN NAME Cordelia Mariott	
14. NAME OF HUSBAND OR WIFE Gertrude Bireley			
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. 855-26-8053A	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Bireley		ADDRESS 1312 Belt Av	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION Coronary Thrombosis	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 PM , from the causes and on the date stated above.			
23a. SIGNATURE Frank C. Taylor		23b. ADDRESS 301 Clark Ave	
23c. DATE SIGNED 10/31/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/31/52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Champaign, Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 31 1952 J. Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	

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

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 Albert R. Thompson

Licensed Embalmer No. 42,137

P. O. Address St. Louis

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.