

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32899

FILED OCT 9 - 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8419**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Brentwood 51</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>8733 Radley Ct.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Wilhelmina</b>	b. (Middle)	c. (Last) <b>Birchfield</b>	(Month) <b>Aug.</b>	(Day) <b>28th</b>	(Year) <b>1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 9th 1883</b>	9. AGE (In years last birthday) <b>70</b>	10. UNDER 1 YEAR (Months) Days <b>3 19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Henry Overbeck</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Meyer</b>		14. NAME OF HUSBAND OR WIFE <b>(late) Wm. C. Birchfield</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Grace Keller</b>	
				ADDRESS <b>Above</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>			<b>5 days</b>
ANTECEDENT CAUSES		DUE TO (b) <b>Diabetes Mellitus</b>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Acidosis</b>			<b>3 days</b>
II. OTHER SIGNIFICANT CONDITIONS		<b>None</b>			
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>no</b>		19b. MAJOR FINDINGS OF OPERATION <b>no</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>2604</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1946**, 19\_\_ to **28 Aug, 1953**; that I last saw the deceased alive on **8/23, 1953**, and that death occurred at **2:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John B. Smith MD</b>		(Degree or title)		23b. ADDRESS <b>Maplewood Mo</b>		23c. DATE SIGNED <b>8/29/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-31-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	

DATE REC'D BY LOCAL REG. <b>AUG 31 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>		ADDRESS <b>7456 Manchester, Maplewood, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK

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.....

*J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.