

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3988

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) Affton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Affton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9403 Laverne Pl.		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) 9403 Laverne Pl.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Frank Middle Bird Last Bird			4. DATE OF DEATH Month Jan Day 7 Year 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11, 1894	9. AGE (In years less birthday) 63	FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) inspector		10b. KIND OF BUSINESS OR INDUSTRY transport co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Frank Bird		13b. MOTHER'S MAIDEN NAME Mary Klima	
14. NAME OF HUSBAND OR WIFE Mathilda		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. UNKNOWN	
17. INFORMANT Mathilda Bird		Address 9403 Laverne Pl.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) chronic cardio-vascular disease DUE TO (c) 4/20.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr. several years		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 5:30 Month, Day, Year a.m. am p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION St. Louis, Mo.		20g. COUNTY St. Louis	
20h. STATE Mo.		21. I attended the deceased from 1-4-58 to 1-7-58 and last saw her/him alive on 1-7-58 Death occurred at 5:30 am on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Lucia A. Recelias M.D.	
22b. ADDRESS 752 Penway Ferry Rd		22c. DATE SIGNED 1-7-58		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 1/9/1958		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
24. FUNERAL DIRECTOR J L Ziegenhein & Sons 7027 Gravoie		25. DATE RECD. BY LOCAL REG. 1-7-58		26. REGISTRAR'S SIGNATURE Herbert B. Dumble Md	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature wherever it appears. All diseases in Part I must be causally related.

No. 1011
 City of St. Louis
 State of Missouri
 License No. 1011
 Date of Issue Jan 7 1958
 Name of Deceased
 Date of Death
 Place of Death
 Cause of Death
 Name of Embalmer
 License No. 1011

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
 Signature of Student Embalmer

Signed *Donald E. Perry*
 Licensed Embalmer No. *4863*
 P. O. Address *St. Louis, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.